| G                            | 'eorgia Ce           | metery Asso                | ociation   |
|------------------------------|----------------------|----------------------------|--|
|                              | Mainter              | nance Works                | shop   |
| Wednesday, Apri              |                      |                            | PM (registration begins at 9:00)   |
| Arlington Memorial           | Park ~ 201 M         | t Vernon Hwy NW            | ~ Sandy Springs, GA 30328  |
|                              | REGISTI              | RATION FO                  | DRM  |
| Please use a separate Regist | ration Form for each | person. If additional form | ns are needed please copy or contact us.   |
| Name:                        |                      |                            |  |
| Cemetery/Company Nam         | ie:                  |                            |  |
|                              |                      |                            |  |
|                              |                      |                            |  |
|                              |                      |                            |  |
|                              |                      |                            |  |
| Check ONE only               |                      |                            |  |
| GCA Member – Adv             | anced Registratior   | n(By March 26 )            | \$ 79.00   |
|                              | _                    |                            |  |
|                              |                      |                            | <b>\$ 119.00</b><br>\$ 139.00  |
| and deduct \$30.0            | 00 from the fee lis  |                            | a, use a separate registration form<br><b>3<sup>rd</sup>, etc attendee-</b> just cross out fee |
| All registrations inclu      | de Lunch, meeting    | materials and networkin    | ng time with sponsoring vendors  |
| Check                        | Visa                 | Mastercard                 | American Express   |
| Print name as it appea       | irs on credit card   |                            |  |
| Credit Card #Exp Date        |                      |                            | Exp Date   |
| Signature                    |                      | CIT                        | verification code  |
| Mail c                       | ompleted Regi        | istration Form with        | n Payments to:   |
|                              |                      |                            | - Marietta, GA 30068   |
|                              | Question             | s or Need Assistand        | <u> </u>   |
| ( a                          | •                    | ctor - Susan Mena (77      |  |
| Ca                           |                      | iaCemeteryAssoc@ms         | •  |
|                              |                      |                            |  |
|                              |                      |                            |  |