

**GCEL ANNUAL CONFERENCE
REGISTRATION/MEMBERSHIP FORM**
Early Registration Deadline: Postmark by January 12, 1012
Please return form to:

Jannie Gregory
P.O. Box 5172
Columbus, GA 31906

Please make purchase orders and checks payable to: GCEL, P.O. Box 767, Mableton, Georgia 30126

Please print or type information as you want it to appear on your name badge.

First Name:		Last Name:
Title/Position:		
Organization:		
Street Address:		
City:	State & Zip Code:	Country:
Telephone Number:	Fax Number:	Email:

Primary Affiliation (Check One):

- | | | |
|--|--|--|
| <input type="checkbox"/> School System | <input type="checkbox"/> Business or Corporation | <input type="checkbox"/> Institution of Higher Education |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other: _____ |

Registration (Includes Meals for breakfast and lunch meetings)

- | |
|---|
| <input type="checkbox"/> \$300.00 Early Registration (postmarked by 01/09/12) |
| <input type="checkbox"/> \$325.00 Regular Registration (01/10/12 – 02/03/12) |
| <input type="checkbox"/> \$350.00 On-site Registration (02/04/12) – 02/15/12) |

Dietary Needs or Restrictions: Diabetic Vegetarian Other: _____

Additional Tickets (for guest not registered for conference): Breakfast = \$22.00 Lunch = \$25.00

Amount for Registration: _____
Amount for Additional Tickets: _____
Total Payment: _____

Are you retiring this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you know a GCEL member who is retiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete information below:
Retiring Member's Name:	System:	Telephone Number:

For Office Use Only

Date Form Received: _____	Payment Received From _____	in
the amount of \$ _____ for the 2012 GCEL Conference.		
Printed Name of Person Receiving Payment: _____		
Signature of Person Receiving Payment: _____		