

**GCEL ANNUAL CONFERENCE  
REGISTRATION/MEMBERSHIP FORM**  
**Early Registration Deadline: Postmark by January 10, 1013**

**Please return form to:**  
Jannie Gregory, GCEL Assistant Treasurer  
PO Box 5402  
Columbus, GA 31906

**Please make purchase orders and checks payable to: GCEL, PO Box 5402, Columbus, GA 31906**

*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 01/10/13) |
| <input type="checkbox"/> \$325.00 Regular Registration (01/11/13 – 01/31/13)  |
| <input type="checkbox"/> \$350.00 On-site Registration (02/01/13) – 02/13/13) |

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 Official Use Only***

Date Registration Received: _____	Date Payment Received: _____	Amount of Payment: \$ _____
Name of Payee: _____		
Print Name of Person Receiving Payment: _____		
Signature of Person Receiving Payment: _____		