

Registration Form

AACON / GANDD
Annual Summer Retreat
2019

Annual Summer Retreat
June 3-4, 2019
King and Prince
201 Arnold Rd
St Simons Island
800-342-0212

Please submit one registration form for each attendee. One payment may be made for all attendees from same organization.

Full Name: _____ Title: _____

Name for badge: _____

Organization: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____ Cell: (_____) _____

Email: _____

RETREAT FEES

1. Registration Fees

\$150.00

2. HOTEL RESERVATIONS:

Please call 800- 342-0212

RESERVATIONS MUST BE MADE BY **May 2nd, 2019** – MUST STATE THE **AACON/GANDD 2019 SUMMER RETREAT** WHEN MAKING THE RESERVATIONS TO GET THE DISCOUNT RATE.

Guest Room Rates: Vary depending on view

Group rates only available 6/2 and 6/3. No other discounts can be combined.

3. PAYMENT METHOD: Check or Money Order must be in U.S. funds payable to: AACON. TAX ID#: 81-1400674

Registration confirmation/receipt and further information will be emailed.

Please check appropriate box: Check Money Order

Mail check or money order to the address below.

Cancellations/Changes and Refunds: Registration fees are non-refundable. Substitutions are allowed at no charge.

Please mail, email or fax completed registration form to:

Sharon A. Grason, PhD, RN

School of Health Sciences
Georgia Gwinnett College
1000 University Center Lane
Building H-2209
Lawrenceville, GA 30043
Fax: 678-407-5612
<mailto:sgrason@ggc.edu>