Conference Registration Form

Georgia Council for the Social Studies Annual Conference
October 13-14, 2016

Change, Challenge, Opportunity

Instructions: Mail this completed form along with your remittance to the address below. This form may be copied as needed, but individual forms must be sent for each person registering.
Make checks payable to THE CLASSIC CENTER.

Request for refunds must be made via email to Aimee Cheek, Aimee@classiccenter.com by Sept. 26, 2016.	**Send registration and remittance to:**	**Registration Services/GCSS The Classic Center 300 N Thomas St. Athens, GA 30601**

First time Conference participant? ☐Yes ☐No Level you teach? ☐K-2 ☐3-5 ☐6-8 ☐9-12 ☐College

Name: _____ E-mail *(print clearly)*: _____

Home Address: _____
Street City State Zip

Work Address: _____
Street City State Zip

Phone: _____
Home Work Ext.

Name tag as you wish it to appear:

Name: _____Organization: _____

CONFERENCE REGISTRATION FEE:
As part of this year's conference registration fee, all attendees will also receive all of the organization's regular services and publications (newsletter, yearbook, etc.) for the following school year.

Registration	Preregistration (Received by Sept. 26)	Onsite
Regular registration	$125.00	$135.00
Student registration	$50.00	$60.00
Retiree	$85.00	$95.00
One-day registration	$70.00	$75.00

Subtotal Registration Total: $ _____

ATTENTION!!!

PLU Credit verification:
Participants wishing to receive verification for one PLU credit for conference attendance must add $5.00 to the cost of registration.

Subtotal for PLU Credit: $ _____

BE SURE TO ATTEND!

GCSS Awards Luncheon
Thursday, October 13, 11:00 – 12:30 pm
(included in registration)

___I will attend ___I will not attend ___vegetarian meal

Door Prizes Drawing!
Friday Afternoon, October 14, 2:45 pm
(You *MUST BE present to win)*
Great prizes!
(All meetings are in Athena F-J)

PAYMENT:
☐Check ☐Purchase Order ☐Credit Card

Check Number:_____
Purchase Order#:_____
Email for Purchase Order:_____

☐Visa ☐MasterCard ☐American Express ☐Discover
Card#:_____
Expiration Date:_____ CVC:_____

Total for Registration: $ _____