



REGISTRATION FORM

Name _____ Club/Course/Business _____
 Address _____ City/State/Zip _____
 Phone _____ Email Address _____

Package Options:

*****3 or more registrations from same club/vendor=10% off total*****

Hotel Stay Packages:

	Single Occ.	Double Occ.
_____ Full Conference Package (includes all conference meals/meetings with 2 nights hotel stay)	\$350	\$275

_____ Single Night Package (includes all conference meals/meetings with 1 night hotel stay)	\$265	\$235
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_____ Rum Pointe Golf Outing \$25 per person added to total

NonHotel Packages:

_____ Conference Package \$175
(includes all conference meals/meetings)

_____ Rum Pointe Golf Outing \$25 per person added to total

***Double occupancy packages Please note Roommates Name: _____**

Payment:

Checks: Checks should be made out to ESAGCS and sent with this form to:
ESAGCS
PO Box 708
Berlin MD 21811

Credit Cards: We accept Visa, Mastercard, Discover and American Express.

Name on Card: _____
Card Number: _____ **Exp. Date:** _____
Amount to be charged: _____