



2010 Annual Conference Registration Form

April 22-24, 2010 Colorado Springs, Colorado

(Please type or print clearly.)

First Registrant: _____ Badge Name: _____
 FH/EMB License: _____ Email Address: _____
 Add I Registrant: _____ Badge Name: _____
 FH/EMB License: _____ Email Address: _____
 Guest(s): _____
 Firm: _____
 Address: _____
 City, State/Province, Zip/Postal Code: _____
 Country: _____ Phone: _____ Fax: _____

Conference Packages

	Members	Non-Members
<input type="checkbox"/> Full 1st Registrant (includes all events except Dutch Treat Dinner)	\$749	\$849
<input type="checkbox"/> Full Add I Registrant (includes all events except Dutch Treat Dinner)	\$689	\$789
<input type="checkbox"/> Guest (includes all events except general, educational sessions, and Dutch Treat Dinner)	\$449	\$549
<input type="checkbox"/> One-Day (includes all events except Dutch Treat Dinner and Annual Banquet)	\$349	\$399
<input type="checkbox"/> Student* (includes all events except Dutch Treat Dinner and Annual Banquet)	\$249	\$349
*Student Photo I.D. required		
<input type="checkbox"/> Additional Annual Banquet ticketsQty: _____	x\$175 each
<input type="checkbox"/> Additional Welcome Reception ticketsQty: _____	x\$95 each

Check all that apply to your firm, and note name(s)

Total \$ _____

- First-time attendee _____
- New member _____
- Regional Chair _____
- Past President _____
- Owner _____
- Manager _____
- Employee _____
- Prospective member referred by _____

Registration & Cancellation Policy:

Full payment must accompany registration. If you are unable to attend, another staff member may attend in your place. If you must cancel, notify OGR in writing no later than 10 days prior to the conference. Refunds will be processed minus a \$75 administrative fee, and no refunds will be made if notified less than 10 days before the event or for no-shows.

Method of Payment:

My check in the amount of \$ _____ is enclosed (payable to OGR in USD).
 Charge to my: Amex Discover MasterCard VISA

Name as it appears on card: _____

Account # _____ Exp. Date: _____

Signature: _____ Security #: _____

* The small 4-digit number on the front of American Express cards or the 3-digit number on the back of other cards.

Mail form with payment to: OGR, 3520 Executive Center Drive, Suite 300, Austin, TX 78731,
or fax to: (512) 334-5514.