



Georgia State Division International Association for Identification Annual Education Seminar Registration

Location: _____ Date(s): _____

Please complete and return one form submission for each attendee.

Last Name, First, M.I. Member Number Okey Number

Organization/Agency Name

Address City, State, Zip

Email Phone Fax

PAYMENT

Please select at least one of the following options for payment:

Registration Fee =\$290.00

Registration Fee after September 20th = \$320.00 (No Exceptions)

Add a Guest for Dinners/Events = \$125/guest

Guest Name: _____

Upon receipt of a completed registration form, an invoice will be forwarded to the listed contact.

Completed registrations can be emailed to georgiadivisionofiai@gmail.com or sent via mail to:

Georgia State Division, IAI
P.O. Box 688
Carnesville, GA 30521

Cancellation Policy:

Attendees must give notice of cancellation to GAIAI in writing. Cancellations made 14 standard business days before the start of the Annual Conference will forfeit all fees paid. Cancellations made prior to this date are eligible for a full refund with exception to a \$50.00 Administrative Fee.

For Registration Use Only