

THE GARDEN CLUB OF GEORGIA, INC.  
79<sup>TH</sup> ANNUAL CONVENTION APRIL 17 – 20, 2007

**STATE CONVENTION HOTEL RESERVATION**

Ramada Plaza Hotel (Formerly Macon Crown Plaza) welcomes The Garden Club of Georgia, Inc.  
108 First Street Macon, GA 31201 • Phone 478-746-1461

**DEADLINE FOR HOTEL RESERVATIONS = March 30, 2007 to receive Special Group Rates.**  
Requires one night deposit. Rooms will not be held for The Garden Club of Georgia, Inc. after this date, and will be taken on a space available basis only. Please identify yourself as Garden Club of Georgia when making reservations

PLEASE PRINT

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ DISTRICT \_\_\_\_\_

E-MAIL FOR CONFIRMATION \_\_\_\_\_

NUMBER OF ROOMS		RATE
	<input type="checkbox"/> SINGLE <input type="checkbox"/> Two Doubles	\$110.00 +TAX
	SUITE with King & Parlor	\$279.00 +TAX

**Check in time: 4:00 PM      Check out time: 12:00 noon**

Three ways to make your hotel reservation

1. Mail one night room deposit with this registration form
2. Phone in registration with credit card deposit
3. E-mail reservations with credit card deposit to: [jhill@lodgian.com](mailto:jhill@lodgian.com)

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Today's Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature (required) \_\_\_\_\_

*Cancellations must be made before 6 p.m. the day of arrival to avoid room charge.*

Hours Reservation Desk: Mon-Fri., 8:30-5:30 Confirmation Request?  Yes  No

Mailed Reservations must be in the hotel office by March 30, 2007

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**"GARDEN JAZZ" • APRIL 18-20, 2007**

Ramada Plaza Hotel • 108 First Street Macon, GA 31201 • Phone 478-746-1461

Official Registration Form - Registration Deadline April 1, 2007 - Please Print

**FOR REGISTRATION CHAIRMAN USE ONLY**

REGISTRATION # \_\_\_\_\_ AMOUNT SENT \$ \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BADGE NAME PREFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLUB NAME \_\_\_\_\_ DISTRICT \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> State President                       | <input type="checkbox"/> District Board Member  | <input type="checkbox"/> First GCG Convention    |
| <input type="checkbox"/> Member <input type="checkbox"/> Guest | <input type="checkbox"/> Council President      | <input type="checkbox"/> Deep South Board Member |
| <input type="checkbox"/> Voting Delegate*                      | <input type="checkbox"/> Former State President | <input type="checkbox"/> Deep South Life Member  |
| <input type="checkbox"/> Club President                        | <input type="checkbox"/> State Board Member     | <input type="checkbox"/> National Board Member   |
| <input type="checkbox"/> District Director                     | <input type="checkbox"/> State Life Member      | <input type="checkbox"/> National Life Member    |

*All State Board Members are voting delegates; please check Voting Delegate box.*

**THERE ARE TWO WAYS TO REGISTER (please check one):**

- PACKAGE PLAN** includes Registration Fee, Opening Dinner, District Breakfast, Youth Luncheon, Awards Banquet, Breakfast Meeting, and Life Members and Installation Luncheon.

**PACKAGE PLAN TOTAL FEE** ..... **\$195.00** \$ \_\_\_\_\_

**PART-TIME PLAN**

- |  |         |          |
|--|---------|----------|
| <input type="checkbox"/> Wednesday: Opening Dinner .....                   | \$35.00 | \$ _____ |
| <input type="checkbox"/> Thursday: District Breakfast .....                | \$20.00 | \$ _____ |
| <input type="checkbox"/> Thursday: Youth Luncheon .....                    | \$28.00 | \$ _____ |
| <input type="checkbox"/> Thursday: Awards Banquet .....                    | \$40.00 | \$ _____ |
| <input type="checkbox"/> Friday: Breakfast Meeting .....                   | \$22.00 | \$ _____ |
| <input type="checkbox"/> Friday: Life Member Luncheon & Installation ..... | \$30.00 | \$ _____ |
| REGISTRATION FEE (per day).....  | \$10.00 | \$ _____ |

**PART TIME PLAN TOTAL FEE** ..... \$ \_\_\_\_\_

List District Breakfast You Plan to Attend: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

TOTAL REGISTRATION COSTS \$ \_\_\_\_\_

LATE REGISTRATION FEE (SEE BELOW) \$ \_\_\_\_\_

Macon Historic Tour – Wednesday April 18<sup>th</sup>, 2-5 pm \$30.00 \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

**REGISTRATION DEADLINE: APRIL 1, 2007**

*After April 1, include \$15.00 late fee. This applies to Package or Part-Time Plans.*

**REGISTRATION FEE NOT REFUNDABLE. NO REFUNDS AFTER APRIL 8, 2007.**

Make check payable to **Garden Club of Georgia Convention** and mail both check and this form to:

Fran Fox • P.O. Box 26636 Macon, GA 31221 • Phone 478-477-0111 • email f090137f@aol.com