

# 2024 ANNUAL MEETING & CONFERENCE REGISTRATION FORM APRIL 2 – 6, 2024 GREENVILLE, SC

#### **REGISTRATION FORM**

Agencies or organizations sending 5+ attendees qualify for a 10% conference discount.

Please email <a href="mailto:admin@southerngerontologicalsociety.org">admin@southerngerontologicalsociety.org</a>
to complete group registration.

Attendee's Name:	
Organization:	
Job Title:	
Mailing Address:	
Phone:	
Email:	
Are you a SGS member?	Have you ever attended a SGS Conference?
Yes No	Yes No
Are you interested in being connected with	a conference mentor to help you navigate the conference?
Yes No	
Are you interested in serving as a conference provided on your responsibilities.	ce mentor to a first time or newer attendee? Guidance will be
Yes No	
Please share any dietary restrictions.	
Please state which dates you are planning t	o attend the conference.
If requesting CEUs, which CEUs are you re	equesting?

**REFUND POLICY:** All cancellations must be received in writing via email to <a href="mailto:admin@southerngerontologicalsociety.org">admin@southerngerontologicalsociety.org</a> by March 10th. If received by March 10th, there is a \$30 cancellation fee. After March 10th, no refunds will be granted.

## **REGISTRATION OPTIONS – EARLY BIRD (Deadline is 11:59 EST on 2/24/2024)**

Full Conference Re	O	des all days and evening events, a ednesday, Thursday, Friday, and	all sessions, meals and all breaks on I Saturday.
	<sup>e</sup> pre-conference trai	nings, excursions, or CEU admin cos	ts are not included
□ <b>Member: \$295</b>			
□ Non-Member: \$37	'5		
□ Student/Encore (R	Retiree) Member (	(not working full time) or unaffi	liated Family Caregiver: \$175
□ Non-Member Stud	lent or Retiree: \$	5265	
One-Day Registration	on		
□ <b>Member:</b> \$170			
□ Non-Member: \$195			
□ Student/Encore (Re	tiree) Member (not	working full time) or unaffiliated	Family Caregiver: \$75
□ Non-Member Stude	nt or Retiree: \$95		
REG	SISTRATION (	OPTIONS – STANDARD (I	Begins 2/25/2024)
Full Conference Re	gistration – includ	des all days and evening events,	all sessions, meals and all breaks on
Tuesday, Wednesday, Thursday, Friday, and Saturday.  *pre-conference trainings, excursions, or CEU admin costs are not included			
□ <b>Member: \$370</b>			
□ Non-Member: \$45	<b>50</b>		
□ Student/Encore (R	Retiree) Member (	(not working full time) or unaffi	liated Family Caregiver: \$225
□ Non-Member Stud	lent or Retiree: \$	5295	
One-Day Registration	on		
□ <b>Member: \$220</b>			
□ Non-Member: \$245			
□ Student/Encore (Retiree) Member (not working full time) or unaffiliated Family Caregiver: \$125			
□ Non-Member Stude	nt or Retiree: \$145		
CELLD			
<b>CEU Processing Fee</b>	Certificate of Attendance	Additional Guest Tickets (single tickets gain access to	Companion Event and Meal Pass (Guests are welcome to join all meals
(CME, Contact Hours, and CEUs)		Poster Reception, Awards Luncheon, or Presidential Gala)	activities and evening events throughout the conference)

I would like to make a donation to support the Student Travel Scholarship Fund. Amount:			
Total Payment Due:			

Rate

□ \$50 per ticket

Rate

□\$135

Flat Rate

□\$35

Flat Rate

□\$15

#### Pay by Credit Card

If you would prefer to receive an electronic invoice, please email Amanda James at <a href="mailto:admin@southerngerontologicalsociety.org">admin@southerngerontologicalsociety.org</a>.

Name on Card:		
Credit Card#:		
Expiration:	CVV:	
Billing Address:		
City, State:	Zip Code:	

## Pay by Check

If you are paying by check, please send payment to:

SGS PO Box 80786 Conyers, GA 30013