

2025 ANNUAL MEETING & CONFERENCE REGISTRATION FORM APRIL 3 – 6, 2024 BIRMINGHAM, ALABAMA

REGISTRATION FORM

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

Please email admin@southerngerontologicalsociety.org
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 admin@southerngerontologicalsociety.org by March 7th. If received by March 7th, there is a \$30 cancellation fee. After March 7th, no refunds will be granted.

REGISTRATION OPTIONS – EARLY BIRD (Deadline is 11:59 EST on 2/28/2025)

Full Conference Registration – includes all days and evening events, all sessions, meals and all breaks				
□ Member: \$295				
□ Non-Member: \$37	75			
□ Student/Encore (F	Retiree) Member (not working full time) or unaffi	liated Family Caregiver: \$175	
□ Non-Member Stud	dent or Retiree: \$	2265		
One-Day Registration	on			
□ Member: \$170				
□ Non-Member: \$195				
□ Student/Encore (Re	tiree) Member (not	working full time) or unaffiliated	Family Caregiver: \$75	
□ Non-Member Student or Retiree: \$95				
REGISTRATION OPTIONS – STANDARD (Begins 3/1/2025)				
Full Conference Registration – includes all days and evening events, all sessions, meals and all breaks				
□ Member: \$370				
□ Non-Member: \$450				
□ Student/Encore (Retiree) Member (not working full time) or unaffiliated Family Caregiver: \$225				
□ Non-Member Student or Retiree: \$295				
One-Day Registration				
□ Member: \$220				
□ Non-Member: \$245				
□ Student/Encore (Retiree) Member (not working full time) or unaffiliated Family Caregiver: \$125				
□ Non-Member Student or Retiree: \$145				
CEU Processing Fee	Certificate of	Additional Guest Tickets	Companion Event and Meal Pass	
(CME, Contact Hours, and CEUs)	Attendance	(single tickets gain access to Poster Reception, Keynote Lunch, or	(Guests are welcome to join all meals and receptions)	
,		Awards Dinner)	• /	
Flat Rate	Flat Rate	Rate	Rate	
□\$35	□\$15	□ \$50 per ticket	□\$135	
I would like to make	a donation to supp	port the Student Travel Scholar	ship Fund. Amount:	
<mark>Total Payment Du</mark>	ie:			

Pay by Credit Card

If you would prefer to receive an electronic invoice, please email Amanda James at admin@southerngerontologicalsociety.org.

Credit Card#:		
Expiration:	CVV:	
Billing Address:		
City State:	Zin Code:	

Pay by Check

Name on Card

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

SGS PO Box 80786 Conyers, GA 30013