

# CONFERENCE REGISTRATION FORM

Date: \_\_\_\_\_

Requesting Coalition: \_\_\_\_\_

## Requester (Your) Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

## Conference Information

Conference Name: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

Conference Location: \_\_\_\_\_

### Conference Attendees:

Name: \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

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Facility/Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

Comments: \_\_\_\_\_

**BUDGET LINE ITEM:** \_\_\_\_\_

Coalition Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coalition Executive Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM AND REGISTRATION RECEIPT(S) TO COALITION SUPPORT ([coalitionsupport@uga.edu](mailto:coalitionsupport@uga.edu))**

**UGA Use Only** | Received: \_\_\_\_\_