

## REGISTRATION DEADLINE: MONDAY, FEBRUARY 27, 2009

### REGISTRANT INFORMATION

Name (first/last): \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ (include country code)

Phone (evening): \_\_\_\_\_ (include country code)

Fax: \_\_\_\_\_ (include country code)

E-mail: \_\_\_\_\_

Method of payment:  VISA       MasterCard       American Express       Diner's Club       Check

Credit card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Expiration date: \_\_\_\_\_

### TOUR INFORMATION

TOUR & TICKET QUANTITY		DATE	TIME	ADVANCE	TOUR TOTAL
Taste of the Peach	Ticket Quantity: _____	Monday, March 23	1-5 p.m.	\$46	
High Museum of Art	Ticket Quantity: _____	Tuesday, March 24	11 a.m.-2:30 p.m.	\$55	
Botanical Gardens & Atlantic Station	Ticket Quantity: _____	Wednesday, March 25	10 a.m.-2 p.m.	\$48	
				TOTAL	\$

Please complete and mail or fax this form no later than Friday, February 27, 2009. (Note: you may only fax this form if you are paying with a credit card.) Your ticket(s) will not be mailed to you but will be held for pick-up at conference registration. A confirmation of your order will be sent to you. Pre-registration is advised because decisions to cancel low-enrollment tours (less than 20 people) will be made by Friday, February 27, 2009. Your money will be refunded in full if a low-enrollment tour is canceled; otherwise, no refunds or exchanges will be made after Friday, February 27, 2009. Payment must be in U.S. funds.

**Make checks payable to Atlanta Arrangements and return this form to:**

**Atlanta Arrangements, 1350 Spring St., Ste. 600, Atlanta, GA 30309**

**Credit card orders may be sent by phone or fax: Phone: +1 404-443-5959 • Fax +1 404-249-9465**

Please indicate if you need additional assistance to fully participate in the tour program. You will be contacted by Atlanta Arrangements.