



# AGC UNIVERSITY SUMMER SEMESTER 2010 AGC SUMMER CONVENTION

**PRESENTED BY** **GOODFELLOW BROS., INC.**  
GENERAL CONTRACTOR  
ESTABLISHED 1921

**AUGUST 6 AND 7**  
**SALISHAN GOLF RESORT AND SPA**

## SECTION ONE YOUR INFORMATION

Print information as you would like it to appear on your name badge. Please use one form per registrant and print or type clearly. Be sure to make a copy for your records.

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

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION TWO YOUR REGISTRATION

### Deadlines:

Early Bird: April 13–May 13; Regular: May 14–July 29; Late/Onsite: July 30–Aug 7

**FULL CONVENTION REGISTRATION**

<input type="checkbox"/> Early Bird:	\$295
<input type="checkbox"/> Regular:	\$350
<input type="checkbox"/> Late/Onsite:	\$375

**FULL CONVENTION ADDITIONAL REGISTRATION** – (same company)

<input type="checkbox"/> Early Bird:	\$245
<input type="checkbox"/> Regular:	\$295
<input type="checkbox"/> Late/Onsite:	\$325

**FULL CONVENTION NEW AGC MEMBER AS OF 2009**

<input type="checkbox"/> Early Bird:	\$245
<input type="checkbox"/> Regular:	\$295
<input type="checkbox"/> Late/Onsite:	\$325

**FULL CONVENTION CLC MEMBER/ESB MEMBER**

<input type="checkbox"/> Early / Reg:	\$295
<input type="checkbox"/> Late/Onsite:	\$350

**FULL CONVENTION FULL TIME COLLEGE STUDENT**

<input type="checkbox"/> Early/ Reg:	\$50
<input type="checkbox"/> Late/Onsite:	\$75

**SPONSOR A STUDENT!**  Sponsorship: \$175  
*(Sponsorships will help cover costs for students to attend the convention.)*

**FULL CONVENTION NONMEMBER**

<input type="checkbox"/> Early Bird:	\$325
<input type="checkbox"/> Regular:	\$350
<input type="checkbox"/> Late/Onsite:	\$395

**ONEDAY REGISTRATION** (select day)

<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Early Bird:	\$195
		<input type="checkbox"/> Regular:	\$225
		<input type="checkbox"/> Late/Onsite:	\$275

## SECTION THREE SPOUSE/GUESTS AND CHILDREN

To attend any convention function, spouse, guests, and children must be registered. Please indicate children's ages next to their names.

Name 1: \_\_\_\_\_ Age: \_\_\_\_\_

Name 2: \_\_\_\_\_ Age: \_\_\_\_\_

Name 3: \_\_\_\_\_ Age: \_\_\_\_\_

Name 4: \_\_\_\_\_ Age: \_\_\_\_\_

### SPOUSE/GUEST REGISTRATION

**Full Convention**  Early Bird: \$195  
 Regular: \$225  
 Late/Onsite: \$275  
*(includes all meals and special program)*

### YOUTH REGISTRATION – per child (ages 4–12)

**Full Convention** (includes activities both days, lunches, Fri. reception, and Sat. dinner)  
 Early Bird: \$125 x \_\_\_\_\_ Qty  
 Regular: \$145 x \_\_\_\_\_  
 Late/Onsite: \$165 x \_\_\_\_\_

or

**One-day Youth Program** (select day)  
 Friday  Saturday  
 One Day: \$110 x \_\_\_\_\_  
*(includes activities and evening meal for that day)*



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**YOUR NAME:** \_\_\_\_\_

## SECTION FOUR INDIVIDUAL MEAL TICKETS

If you have a guest NOT attending the full convention but wanting to attend an individual meal, you may purchase tickets separately.

<b>FRIDAY LUNCH</b>	<input type="checkbox"/> Early/Reg: \$ 35 x _____
	<input type="checkbox"/> Late/Onsite: \$ 40 x _____
	<input type="checkbox"/> Kids (Age 4-12): \$ 25 x _____
<b>FRIDAY RECEPTION</b>	<input type="checkbox"/> Early/Reg: \$ 55 x _____
	<input type="checkbox"/> Late/Onsite: \$ 65 x _____
	<input type="checkbox"/> Kids (Age 4-12): \$ 25 x _____
<b>SATURDAY BREAKFAST</b>	<input type="checkbox"/> Early/Reg: \$ 30 x _____
	<input type="checkbox"/> Late/Onsite: \$ 35 x _____
	<input type="checkbox"/> Kids (Age 4-12): \$ 25 x _____
<b>SATURDAY LUNCH</b>	<input type="checkbox"/> Early/Reg: \$ 30 x _____
	<input type="checkbox"/> Late/Onsite: \$ 35 x _____
	<input type="checkbox"/> Kids (Age 4-12): \$ 25 x _____
<b>SATURDAY DINNER</b> <i>(includes reception, dinner, and entertainment)</i>	<input type="checkbox"/> Early/Reg: \$ 65 x _____
	<input type="checkbox"/> Late/Onsite: \$ 75 x _____
	<input type="checkbox"/> Kids (Age 4-12): \$ 25 x _____

## SPECIAL NEEDS (check all that apply)

Vegetarian meals for:  Myself  Spouse/guest  Children

Other dietary needs: \_\_\_\_\_

Special needs:  Wheelchair/handicap access

Other: \_\_\_\_\_

## SECTION FIVE TOTAL AND PAYMENT

Total each section that applies to you and indicate method of payment. Please note that your registration will not be confirmed until payment is received.

<b>SECTION TWO</b> – Your Registration	\$ _____
<b>SECTION THREE</b> – Spouse/Guest Registration	\$ _____
<b>SECTION THREE</b> – Youth Registration	\$ _____
<b>SECTION FOUR</b> – Individual Meal Tickets	\$ _____
<b>TOTAL</b>	\$ _____

## PAYMENT INFORMATION

Return registration form and payment to:

**Mail:** AGC, 9450 SW Commerce Circle, Suite 200,  
Wilsonville, Oregon 97070

**Fax:** 503-682-1696

**Email:** joans@agc-oregon.org

Check enclosed – payable to AGC  VISA  MC

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Card #: \_\_\_\_\_

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