

# GCSS Conference Registration Form

## Georgia Council for the Social Studies Annual Conference ~ October 10-11, 2019

*All Systems Go: Launching Social Studies for the Future*

**Instructions:** Mail this completed form along with your remittance to the address below. This form may be copied as needed, but individual forms must be sent for each person registering. **Request for refunds must be made via email to Dr. Eddie Bennett: gcss1964@gmail.com by September 23, 2019.**

Grade(s) You Teach: K-2 3-5 6-8 9-12 District Admin College Student College Faculty College Admin

First and Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email (*print clearly*): \_\_\_\_\_  
Personal

School / District / Organization: \_\_\_\_\_  
(Full Name - No Acronyms)

### Conference Registration Fee:

This year's conference registration fee includes a GCSS Membership, as well as the organization's regular services and publications (newsletter, yearbook, etc.) for the following school year.

#### Pre-Registration (Ends Sept. 30, 2019)

		<b>On-Site</b>
Regular Registration	\$150.00	\$160.00
Student Registration	\$60.00	\$65.00
Retiree Registration	\$100.00	\$105.00
One-day Registration	\$85.00	\$90.00

**Subtotal Registration Total: \$** \_\_\_\_\_

### ATTENTION!

The Classic Center Parking Deck fee (\$8)  
**is not** included in the registration fee.

#### PLU Verification Credit:

To receive one PLU verification credit for  
conference attendance: \$7.00 (additional).

**Subtotal PLU Credit: \$** \_\_\_\_\_

#### Door Prizes Drawing!

Friday, October 11, **3:10 pm**  
(You **MUST BE** present to win)  
Great Prizes!  
(Athena F-J)

### GCSS Awards Luncheon

**Thursday, October 10, 11:45 – 1:00 pm**

*(Included in Registration Fee)*

\_\_\_ I will attend \_\_\_ I will not attend

Dietary Restrictions \_\_\_\_\_

Accessibility Requirements \_\_\_\_\_

#### Method of Payment:

Check Purchase Order Credit Card

Bookkeeper Email

Bookkeeper Phone: \_\_\_\_\_

Check#: \_\_\_\_\_ Purchase Order#: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

**Total Registration: \$** \_\_\_\_\_

Mail Registration Form and Remittance to:

Dr. Eddie Bennett  
P.O. Box 675  
Avondale Estates, GA 30002