THE FALL EVENT 2016 REGISTRATION

Please complete this registration form and mail with payment to The Garden Center Group office by August 30, 2016. Registrations received after August 30, 2016 will be accommodated based on the availability of space.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Attendee 1: _____ Email: _____

Cell: _____

Attendee 2: _____ Email: _____

Cell: _____

Attendee 3: _____ Email: _____

Cell: _____

Attendee 4: _____ Email: _____

Cell: _____

Attendee 5: _____ Email: _____

Cell: _____

Registration/Payment Received in Full by August 30, 2016

$499.00 1st person $ _____

$479.00 Each additional person # _____ @ $479.00 each person $ _____

Total: $ _____

Registration/Payment Received in Full after August 30, 2016

$499.00 per person # _____ @ $499.00 each person Total: $ _____

Have family members who want to attend Social Functions ONLY? Contact The Group office for details.

Make checks payable to: The Garden Center Group LLC.
Credit card payments: Fill out the Credit Card Authorization Form and return with registration.
Mail completed registration form and payment to: The Garden Center Group LLC, PO Box 801494, Acworth, GA 30101.
Fax completed registration form with credit card authorization form to 678-909-7771.

Cancellations must be in writing and directed to: The Garden Center Group, info@thegardencentergroup.com or faxed to 678.909.7771. Full refund if canceled by August 30. No refunds after August 30.

CREDIT CARD AUTHORIZATION

I, _____ (print name as it appears on credit card), hereby authorize

The Garden Center Group, LLC to charge my credit card account in the amount of $_____.

Type of Credit Card: □ VISA □ MASTERCARD □ DISCOVER □ AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ CVC Code (on the back, or front for AX) _____

Credit Card Billing Information:

Card Member Name: _____

Company Name:_____

Mailing Address: _____

City: _____State: _____Mailing Zip Code: _____

Telephone: _____

Please email receipt to: _____

I hereby give The Garden Center Group LLC permission to debit my account for the amount indicated above. I certify that I am the authorized holder and signer of the credit card reference above and that all information is complete and accurate. The Garden Center Group will keep all information on this form strictly confidential and secure.

Cardholder's Signature _____ Date: _____

Complete this form and return to The Garden Center Group office (see contact info below).
For security purposes, we do not recommend emailing this form with your credit card information.
If you prefer returning this form as an email attachment we will call you for the credit card information.

The Garden Center Group, LLC | PO Box 801494, Acworth, GA 30101 USA
Tel 678-909-7770 | Fax 678-909-7771 |Info@theGardenCenterGroup.com | www.theGardenCenterGroup.com