

Gold member



Radisson Hotel
120 S. Wildwood Drive
Branson, MO 65616
1-417-335-5767

CONVENTION REGISTRATION FORM

21st Annual Conference and Trade Show
August 17 & 18, 2018

Due to the education part of the convention
The Missouri Gaming Commission made the following Change:
Now allowed to bring 3 members to the convention for the purpose of the training.
Each additional member cost \$50.00 per person they are entitled to all functions.
No limit if members are paid out of your organizations funds.

Organization Name: _____ License # B- _____ Average # players: _____

Home mailing address: _____

City: _____ Zip code: _____

Contact person: _____ Phone #: _____

E-Mail address: _____ @ _____ for conformation.

Late fee of \$25 applies if returned after July 31, 2018

First name: _____ Last name _____

First name: _____ Last name _____

Check if 1st time attending---List additional members who are attending on the back.

Friday August 17, 2018 from 4:00-6:00 PM

The Association of Charitable Games of Missouri will be hosting an Open House with finger foods available for its members and their associate members in the Taneycomo Rooms C & D.

No Friday evening activity, dinner on your own.

Will each one attend the open house Yes ___ or No ___ Will each one attend the dinner/show Yes ___ or No ___

Only registered members and Associate members are invited to attend the conference, trade show, receive handout material, Saturday's buffet luncheon, and attend Saturday's evening dinner/show.

Must make your own room reservations prior to July 15, 2018
by call toll free: 1-800-333-3333 or 1-417-335-5767

Tell hotel you are attending the Association of Charitable Games of Missouri convention & trade show.
The room rate is \$82.95 per night + tax (includes hot buffet breakfast in the hotel Restaurant).

Please note: When making your reservations let the hotel know you plan to use your organizations check and tax exempt letter when paying your bill.

Want to arrive early or stay later your room rate remains good for (3) day's prior or (3) days after the convention.

Send check and form to: ACGM Convention, 100 Breezeview Dr. Ballwin, MO 63021

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Name tag list

Print

___ Check first time attendees

___ First name: _____ last name: _____

___ First name: _____ last name: _____

___ First name: _____ last name: _____

___ First name: _____ last name: _____

___ First name: _____ last name: _____

___ First name: _____ last name: _____

We would like to buy the following number of combination tickets
For Friday night's open house, Saturday's buffet luncheon and
Saturdays evening dinner/show
Price per ticket \$ 50.00

Number of tickets _____ X \$50.00 = \$ _____

Check # _____ Amount of check \$ _____

Must list names for name tags