

**The Georgia Ornithological Society Fall Meeting
7-10 October 2016
Villas by the Sea Resort and Conference Center
1175 Beachview Drive
Jekyll Island, Georgia 31527**

Name(s) (for name tags, so print legibly please): _____

Note: Children under 16 must be registered but are not charged the registration fee.

Address: _____

City/State/Zip: _____

Cell Phone: _____

E-mail: _____

_____ Registration for GOS member(s) @ \$30.00 per person (Note: Spouse /immediate family may register at the member rate) \$ _____

_____ Registration for non-GOS member(s) @ \$50.00 per person \$ _____

_____ Reservation(s) for banquet @ \$42.00 per person \$ _____

_____ Reservation(s) for Keynote Speaker only (no banquet) @ \$10/person
For GOS member or \$20.00/person for non-GOS Member \$ _____

_____ Postmarked after 7 September 2016 or at the door add \$10 late fee \$ _____

TOTAL \$ _____

Cut-off date for banquet reservations is 30 September 2016

**Make checks payable to GOS and mail with this form to:
Ed Maioriello, 340 Milledge Heights, Athens, GA 30606**

Note: No portion of registration, field trips, or banquet fees is tax deductible.

Registration, field trip, or banquet cancellations received after **30 September 2016** will NOT be refunded. Should you need to cancel, notify Ed at 706-296-5275 or edm@maioriello.com.

GOS requires registration for participation in the meeting and field trips, and also requires all registrants to sign the following release. If the participant is a minor, a parent or legal guardian must sign this release.

RELEASE

Each registrant named, both adult and minor, desires to participate in the field trips and other activities at this meeting of the Georgia Ornithological Society (GOS). Therefore, each registrant knowingly and voluntarily grants to the GOS and its officers, committee members, and any other persons engaged in activities in connection with this meeting, a full release from any claim, liability, or cost of any nature on account of personal illness or bodily injury, loss of life, or loss or damage to property directly or indirectly arising out of the registrant's participation in this meeting.

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

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FIELD TRIP RESERVATION FORM

FRIDAY, 7 OCTOBER 2016

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

SATURDAY, 8 OCTOBER 2016

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

SUNDAY, 9 OCTOBER 2016

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

MONDAY, 10 OCTOBER 2016

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS AND MAIL THE ORIGINAL FORM ALONG WITH YOUR MEETING REGISTRATION AND CHECK TO:

**Ed Maioriello
340 Milledge Heights
Athens, GA 30606**

Name: _____

Address: _____

Phone: _____

E-mail: _____

Field trips are subject to change and could be cancelled if there are not enough participants. You may combine your payment for field trips, registration, and the banquet into one check. Make your check payable to GOS. You may assume that you are on your first choice of field trips if you do not hear from us before the meeting.