

CONFERENCE REGISTRATION FORM

COVID-19
CARRYOVER

Date: _____

Requesting Coalition: _____

Requester (Your) Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Organization: _____

Conference Information

Conference Name: _____

Conference Dates: _____

Conference Location: _____

Conference Attendees:

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Name: _____

Facility/Agency: _____

Comments: _____

BUDGET LINE ITEM: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

SUBMIT COMPLETED FORM AND REGISTRATION RECEIPT(S) TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____