

# REGION 8 CONGRESS BID FORM - 2005 or 2006

[CIRCLE ONE]

There will be a \$1,000.00 fee for use of the "Region 8 Congress" name plus a \$5.00 fee per paid Registrant over 350 participants.

Region 8 will include Regional Congress information and registration forms in Regional Newsletter.

Director will work in conjunction with Region 8 officers concerning events schedule, meeting schedule, and testing.

Director provides discount registration to USAG State Chairmen who will assist Director during the event.

Regional officers (RACC, RTCC, RECC, RJOCC) are to be used as clinicians and director covers expenses of these officers.

Name of Event Director \_\_\_\_\_

Address \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

How many meets have you hosted in the last 5 years?

Meets: Sectional \_\_\_\_\_ State \_\_\_\_\_ Regional \_\_\_\_\_ National \_\_\_\_\_ Invitational \_\_\_\_\_

Clinics: State \_\_\_\_\_ Regional \_\_\_\_\_ National \_\_\_\_\_

How many events did you attend in the last 2 years?

Meets: Sectional \_\_\_\_\_ State \_\_\_\_\_ Regional \_\_\_\_\_ National \_\_\_\_\_ Invitational \_\_\_\_\_

Clinics: State \_\_\_\_\_ Regional \_\_\_\_\_ National \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Date available for Regional Contress \_\_\_\_\_

List size of meeting rooms: 1) Size \_\_\_\_\_ Ceiling Height \_\_\_\_\_

2) Size \_\_\_\_\_ Ceiling Height \_\_\_\_\_

3) Size \_\_\_\_\_ Ceiling Height \_\_\_\_\_

4) Size \_\_\_\_\_ Ceiling Height \_\_\_\_\_

5) Size \_\_\_\_\_ Ceiling Height \_\_\_\_\_

Planned Registration fee \$ \_\_\_\_\_ Is Audio/Visual available? \_\_\_\_\_ Cost \_\_\_\_\_

Nearest Airport \_\_\_\_\_ Distance from site \_\_\_\_\_

Is there airport/hotel shuttle? \_\_\_\_\_ Cost \_\_\_\_\_

Hotel \_\_\_\_\_ Cost of Room \_\_\_\_\_

Please give us a list of topics you are considering and Clinicians you intend to invite:

Topic \_\_\_\_\_ Clinician \_\_\_\_\_

Topic \_\_\_\_\_ Clinician \_\_\_\_\_

Topic \_\_\_\_\_ Clinician \_\_\_\_\_

Topic \_\_\_\_\_ Clinician \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

RETURN TO: Debby Kornegay - 394 Stonebridge Road • Birmingham AL 35210-4111 • (205) 951-0184 Phone/Fax

**MUST BE RECEIVED BY September 25, 2004**