

GBN Developing and Using Scenarios Training Registration Form

The Claremont Resort, Berkeley, CA

October 25-29, 2010

Contact Information

Name: _____

Nickname (for badge): _____

Company: _____

Title/Department: _____

Street Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Business Phone: _____

Business Fax: _____

Email: _____

Assistant's Phone & Email: _____

Accommodation Information

*Hotel room reservations must be made from the block of rooms held for GBN's use. Please do **not** call the hotel directly to arrange or change your reservations. Changes can be made to existing reservations by contacting Donna Broughan. → → →*

The course begins on Monday at 7pm & ends on Friday at 12noon.

I will need a hotel room at the **Claremont Resort**, 41 Tunnel Rd, Berkeley, CA 94705 at \$189 plus \$10 facility fee & tax per night.

Arrival Date: _____ Departure Date: _____

Single Double

If a double – name of 2nd occupant: _____

I will stay somewhere else on my own.

Credit Card Information

A credit card number is needed to guarantee your hotel room reservation. You may also chose to pay your registration fees with this card as well.

Credit Card Type: _____

Name on Credit Card: _____

Card Number: _____

Card Expiration Date: _____

Registration Fee

I work for a governmental or nonprofit organization– fee is \$4,800

I *do not* work for a governmental or nonprofit organization– fee is \$5,800

Registration forms received by **September 25, 2010** will receive a 10% discount off of the course price.

Registration Payment Instructions:

I would like to pay by:

Check or Wire Transfer – An invoice will be sent via email.

Credit Card – The credit card listed will be charged and a receipt sent via email.

Special Requests

Please list any special needs or dietary restrictions.

Biography

When returning your registration form, please include a brief personal biography for inclusion in the program's workbook.

Cancellation Policy

All cancellations will be subject to a 10% processing fee. Should you need to purchase your hotel, please notify us at least 7 days prior to your arrival date or the Claremont Resort will charge a 1 night penalty fee.

Please return this form to our DUS Training Coordinator:

Donna Broughan

Phone: 415-461-7332

Fax: 415-461-7331

Email: dbroughan@comcast.net

Address: 101 Market St # 1000, San Francisco, CA 94105

Deadline: October 15, 2010

For Internal Use Only

Database _____

Biography _____

Reg Rcvd Ltr _____

Invoice _____

Confirmation _____