

**GATE CITY BAR ASSOCIATION  
2009 CLE TRIP TO COSTA RICA**

**PLEASE COMPLETE FOR EACH PERSON ATTENDING**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**Single room** \_\_\_\_\_

**Double occupancy** \_\_\_\_\_

**Roommate's name and email address** \_\_\_\_\_

**Check the Trip Selected: 5day/4night** \_\_\_\_\_

**4 day.3 night** \_\_\_\_\_

**Contact the travel agent, Carol Shaddix for single occupancy rates**

**GATE CITY BAR MEMBER Y / N**

**Attending CLE:** \_\_\_\_\_ Y \_\_\_\_\_ N (Conference fee \$100 due by September 18, 2009)

**Please send/fax this form with your credit card authorization to:**

**Carol Shaddix**

**Imagine Going There Travel**

**3600 Dallas Highway**

**Suite 230-215**

**Marietta, GA 30064**

**phone: 770-421-9627**

**fax: 770-218-3603**

**For all your travel needs, go to: [www.ImagineGoingThere.com](http://www.ImagineGoingThere.com)**