



THE GROUP FALL EVENT '10 REGISTRATION

Please complete the registration form and mail with payment to The Garden Center Group office by September 10, 2010. Registration or payment received after September 10, 2010 will be accommodated based on the availability of space.

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Attendee: _____ Email: _____

Attendee: _____ Email: _____

Attendee: _____ Email: _____

Attendee: _____ Email: _____

Attendee: _____ Email: _____

**FALL EVENT FEE: \$479 each if payment received in full by August 20, 2010
\$499 each if paid after August 20, 2010**

_____ attendees @ \$ _____ each

Total: \$ _____

Make check payable and mail to: The Garden Center Group
3225 Sonia Trail, Ellicott City, MD 21043

Or fax completed registration form with credit card authorization form to 410-313-8068.

_____ of people planning to attend the opening reception Monday, September 27, 2010

_____ of people planning to ride the bus on tour day Wednesday, September 29, 2010



CREDIT CARD AUTHORIZATION

I, _____ (print name as it appears on credit card), hereby authorize The Garden Center Group, Inc. to charge my credit card account in the amount of \$_____.

Type of Credit Card: VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____ CVC Code (on the back of card) _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature _____

Date: _____

Your completion of this authorization form helps us to protect you from credit card fraud. The Garden Center Group will keep all information on this form strictly confidential.

Complete and fax to 410-313-8068