

**Crowne Plaza Baton Rouge**  
**Tuesday, January 15 – Thursday, January 17, 2019**



## **SCHEDULE OF EVENTS**

### **Tuesday, January 15**

- *Summit Locate Rodeo* – Site TBD – pre-event meeting 7:30 AM - **\$25**
- *Summit Workshop*
  - Utility Locator Training Workshop - **\$250**  
8:30 AM – 4:30 PM
- *Louisiana 811 Reception* – included in registration of any of the Summit events
  - 5:00 PM – 6:30 PM – Exhibit hall opens

### **Wednesday, January 16 – Thursday, January 17**

- *Summit Sessions* – Registration
  - **\$249** (Early)
  - **\$299** (after 11/1/18)
  - **\$349** (after 12/15/18)Includes entry to all sessions, Exhibit Hall, lunch and receptions.

### **Hotel Room Reservations**

A block of rooms has been reserved at the Crowne Plaza. Room rates are \$105 per night. Reservations must be made by December 14, 2018 to receive this rate.

Call (800) 678-4065. Use Group Code: **ACT**

To make online reservations, visit [www.louisiana.damagepreventionsummit.com](http://www.louisiana.damagepreventionsummit.com).

# ATTENDEE REGISTRATION

Crowne Plaza Baton Rouge

Tuesday, January 15 – Thursday, January 17, 2019

Baton Rouge, LA

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_



**ATTENDEE NAME:**

(as it would appear on badge)

**Summit**  
(\$249/\$299/\$349)

**Utility Locator**  
**Training**  
(\$250)

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**TOTALS:** \_\_\_\_\_

Total Summit Attendees	Early		X \$249 =	
	(after 11/1/2018)		X \$299 =	
	(after 12/15/2018)		X \$349 =	
Total Utility Locator Training Workshop			X \$250 =	
Attendees cancelling before December 15, 2018 will receive a refund of their fees, less a non-refundable \$100 deposit. No refunds will be issued after this date.		<b>TOTAL DUE:</b>	=	

- Pay by check (Payable to ACTS) Mail to: PO Box 644, Conway AR 72033
- Pay by credit card (Enter information or register online at [www.louisiana.damagepreventionsummit.com](http://www.louisiana.damagepreventionsummit.com))

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Charge will show as **ACTS NOW** on statement

For more information, visit [www.louisiana.damagepreventionsummit.com](http://www.louisiana.damagepreventionsummit.com), call ACTS at 888-548-6363, fax 501-548-6969 or email [thesummit@aligningchange.com](mailto:thesummit@aligningchange.com)