

*On-site Registration Form*  
*2009 Drug, DUI & Mental Health Court Conference*  
*May 26-28, 2009*

Please print **LEGIBLY!!!** Bring a copy of this registration form and your payment to the registration desk.

## Contract Information

Name:

Drug Court/Company:

Drug Court Role/ Title:

Phone Number:

Email Address:

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## Amount Due

Please Make Checks and/or Money Orders Payable to: *The Administrative Office of the Courts of Georgia*  
**Please bring a check or money order with you to accompany your registration form.**

**Select One:**

Team Registration Fee- \$325.00 per person

Individual Registration Fee- \$395.00 per person

### Office Use Only

|                   |  |
|-------------------|--|
| Received by:      |  |
| Total due:        |  |
| Total received:   |  |
| Change:           |  |
| Check/ MO number: |  |
| Receipt number:   |  |

If you have any questions please contact Ms. Raquel Gonzalez at 404.463.1171 or [gonzaler@gaaoc.us](mailto:gonzaler@gaaoc.us).