



First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

What is the primary business of your firm? (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Casino/Hotel/Resort            | <input type="checkbox"/> Casino Board Commission   |
| <input type="checkbox"/> Racetrack Casino/"Racino"      | <input type="checkbox"/> Racing Board Commission   |
| <input type="checkbox"/> Lottery                        | <input type="checkbox"/> Hospitality/Entertainment |
| <input type="checkbox"/> Indian Gaming Class III Casino | <input type="checkbox"/> Law Enforcement           |
| <input type="checkbox"/> Cruise Ship                    | <input type="checkbox"/> Elected Officials         |
| <input type="checkbox"/> Card Club                      | <input type="checkbox"/> Bureau/Agency             |
| <input type="checkbox"/> Indian Gaming Class II Bingo   | <input type="checkbox"/> Law Firm                  |
| <input type="checkbox"/> Consultant/Research Firm       | <input type="checkbox"/> Finance/Banking           |
| <input type="checkbox"/> Suppliers                      | <input type="checkbox"/> Other _____               |

**BADGES:** Registration packets and badges will be issued on-site and will not be mailed.

**CONDITIONS:** The East Coast Gaming Congress & NexGen Gaming Forum is produced for the hotel, gaming, and hospitality industries. No one under 18 will be admitted. Full payment must be received prior to or at registration for admittance.

**GOVERNMENT/EDUCATOR RATE:** Available to officials representing city, county, state and federal agencies, academic institutions and members of the military. Be sure to state the name and nature of your employer.

**CANCELLATIONS/SUBSTITUTIONS:** Registered attendees who cancel before April 24 are eligible for a full 100% refund. Cancellations before May 5 are eligible for a 50% refund. **NO REFUND of any type will be provided for cancellations received after May 5.** All cancellations must be made by the registered attendee in writing and emailed to [dvecere@cooperlevenson.com](mailto:dvecere@cooperlevenson.com). Substitutions may be made without penalty.

**REGISTRATION FEES For multiple registrations, photocopy this form.**

**Includes:** Evening Cocktail Reception, May 24 • All Seminars, May 24 & 25 • Continental Breakfast • Networking Breaks • Keynote Luncheon

|                                       | By April 24                    | Apr 25-May 23                  | On-site                        |
|---------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <b>Individual Registration</b>        | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$695 | <input type="checkbox"/> \$795 |
| <b>Government, Tribal or Educator</b> | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$350 |

|  | 10 or more                     | 20 or more                     |
|--|--------------------------------|--------------------------------|
| <b>Group Registration</b>              | <input type="checkbox"/> \$495 | <input type="checkbox"/> \$450 |
| <b>Group Govt., Tribal or Educator</b> | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$300 |

**Priority Code:** \_\_\_\_\_ **Grand Total** \_\_\_\_\_

**ATTORNEYS** Please check if you are interested in \_\_\_\_\_ NJ CLEs \_\_\_\_\_ PA CLEs

**PAYMENT INFORMATION Make checks payable to ECGC**

American Express  VISA  Master Card  Discover  Check  
 Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Verification Code \_\_\_\_\_ Billing Zip \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_