



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

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

- Casino/Hotel/Resort
- Racetrack Casino/"Racino"
- Lottery
- Indian Gaming Class III Casino
- Cruise Ship
- Card Club
- Indian Gaming Class II Bingo
- Consultant/Research Firm
- Suppliers
- Casino Board Commission
- Racing Board Commission
- Hospitality/Entertainment
- Law Enforcement
- Elected Officials
- Bureau/Agency
- Law Firm
- Finance/Banking
- 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 May 15 are eligible for a full 100% refund. Cancellations before May 22 are eligible for a 50% refund. **NO REFUND of any type will be provided for cancellations received after May 22.** All cancellations must be made by the registered attendee in writing and emailed to dvecere@cooperlevenson.com. Substitutions may be made without penalty.

REGISTRATION FEES For multiple registrations, photocopy this form.

Includes: Evening Cocktail Reception, June 13 • All Seminars, June 13 & 14 • Continental Breakfast • Networking Breaks • Keynote Luncheon

	By May 31	June 1 - June 10	On-site
Individual Registration	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Government, Tribal or Educator	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350

	10 or more	20 or more
Group Registration	<input type="checkbox"/> \$495	<input type="checkbox"/> \$450
Group Govt., Tribal or Educator	<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 _____