



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 _____

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

**Includes:** Evening Cocktail Reception, April 17 • All Seminars, April 17-18 • Continental Breakfast • Networking Breaks • Keynote Luncheon

	By March 8	Mar. 9 – Apr. 16	On-site
<b>Individual Registration</b>	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
<b>Government, Tribal or Educator</b>	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400
	<b>10 or more</b>	<b>20 or more</b>	
<b>Group Registration</b>	<input type="checkbox"/> \$595	<input type="checkbox"/> \$550	
<b>Group Govt., Tribal or Educator</b>	<input type="checkbox"/> \$375	<input type="checkbox"/> \$350	

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

**CONDITIONS:** The East Coast Gaming Congress 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 **March 1** are eligible for a full 100% refund. Cancellations on or before **March 29** are eligible for a 50% refund. **NO REFUND of any type will be provided for cancellations received after March 29.** 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.

**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 \_\_\_\_\_