



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
Individual Registration	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Government, Tribal or Educator	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400
	10 or more	20 or more	
Group Registration	<input type="checkbox"/> \$595	<input type="checkbox"/> \$550	
Group Govt., Tribal or Educator	<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. 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 _____