

INFORMATION SHEET

The Lodge at Gulf State Park

Tuesday, September 17 – Thursday, September 19, 2024

SCHEDULE OF EVENTS

Tuesday, September 17

- **Summit Golf Outing – Gulf Shores Golf Club- \$100**
Includes cart, range balls and green fee – Tee time TBD
- **Summit Workshops**
 - Damage Investigation Training Workshop - **\$150**
8:30 AM – 12:30 PM
 - Ground Penetrating Radar Workshop - **\$150**
8:30 AM – 12:30 PM
 - Utility Locator Skills Enhancement Workshop - **\$250**
8:30 AM – 4:30 PM
- **Summit Reception** – included in registration of any of the Summit events
 - 5:00 PM – 6:30 PM

Wednesday, September 18 – Thursday, September 19

- **Summit Sessions** – Registration
 - **\$259** (Early)
 - **\$299** (after 7/23/24)
 - **\$349** (after 8/28/24)Includes entry to all sessions, Exhibit Hall, lunch and receptions.
Workshops are not included.

Hotel Room Reservations

Reservations must be made by **Friday, August 16, 2024**, to receive this rate.

Hotel Rooms: starting at \$169/night.

For reservations call: (800) 618-4350.

Group name: **950**

[Available Rooms - The Lodge at Gulf State Park, Gulf Shores](#)

For more detailed information on Hotel Reservations see the website.



Attendee Registration

The Lodge at Gulf State Park

Tuesday, September 17 – Thursday, September 19, 2024

Primary Contact: _____ Title: _____
 Company: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Work Phone: _____ Email: _____

Attendee Names	Summit	Damage	Ground	Utility Locator	Golf	Amount
Early Bird	(\$259 /	Investigation	Penetrating	Skills	(\$100)	Due
Regular (After 7/23/24)	\$299 /	Training	Radar	Enhancement		
Late / On Site (After 8/28/24)	\$349)	(\$150)	Training	Workshop		
			(\$150)	(\$250)		
Name						
Name						
Name						
Name						
Total Amount Due						\$

Payment Information: <input type="checkbox"/> Charge credit card below <input type="checkbox"/> Send me an invoice	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#	
Sec #	Exp. Date:
Name on Card:	
Cards Billing Address:	
Amount Charged:	Signature:

Make Checks Payable To:
 ACTS
 PO Box 664
 Conway, AR 72033

Canceling before 8/18/24 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show ACTS NOW on statement