

INFORMATION SHEET

IP Casino & Resort Biloxi

Wednesday, November 6 – Friday, November 8, 2024

SCHEDULE OF EVENTS

Wednesday, November 6

- **Summit Golf Outing – Shell Landing Golf Club – \$95**
Includes green fee, cart, and range balls – 8:30 AM sign in, 9:00 AM tee time
- **Summit Workshops**
 - Damage Investigation Training - **FREE - Space is limited, must email to sign up.**
8:30 AM – 12:00 PM
 - Utility Locator Skills Enhancement Workshop - **FREE - Space is limited, must email to sign up.**
8:30 – 4:30 PM
 - Competent Person Training - **\$150**
8:30 – 4:30 PM
 - Utility Mapping with GIS Training - **\$150**
1:00 PM – 5:00 PM
- **Summit Reception** – included in registration of any of the Summit events
 - 5:00 PM – 6:30 PM

Thursday, November 7 – Friday, November 8

- **Summit Sessions** – Registration
 - **\$259** (Early)
 - **\$299** (after 9/7/23)
 - **\$349** (after 10/13/23)Includes entry to all sessions, Exhibit Hall, lunch and receptions.
Workshops are not included.

Hotel Room Reservations

Room block rates are **\$79.99** per night

Reservations must be made by **October 14, 2024.**

Please call (888) 946-2847 #1

Group Code: **MDPK24C**

Online Reservation link coming soon



Attendee Registration

IP Casino & Resort, Biloxi

Wednesday, November 6 – Friday, November 8, 2024

Primary Contact: _____ Title: _____

Company: _____

Mailing Address: _____

City, State, ZIP: _____

Work Phone: _____ Email: _____

Attendee Names	Summit	Competent	Utility	Golf	Amount Due
Early Bird	\$259.00 (\$259 /	Person	Mapping	(\$95)	
Regular (After 9/11/24)	\$299.00 \$299 /	Training	with GIS		
Late / On Site (After 10/17/24)	\$349.00 \$349)	(\$150)	Training		
			(\$150)		
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 644
Conway, AR 72033

Canceling before 10/7/24 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show as ACTS NOW on statement.