



ACEC

AMERICAN COUNCIL OF ENGINEERING COMPANIES
of Georgia



- American Council of Engineering Companies of Georgia
- American Society of Civil Engineers of Georgia
- ITS Georgia
- Structural Engineers Association of Georgia
- WTS Atlanta

Join *architects, engineers, contractors* and industry professionals at the . . .
10th Annual Building Georgia Legislative Reception

GEORGIA RAILROAD FREIGHT DEPOT

65 Martin Luther King Blvd.
 Atlanta, Georgia 30303
 Tuesday, February 16, 2010
 5:00 – 8:00 pm – Legislative Reception
 Pre-registration mandatory;
NO on-site registration permitted



Join us at the **GEORGIA RAILROAD FREIGHT DEPOT** to visit with industry professionals, legislators and state officials!

ACEC/G AND ALLIED ENGINEERING SOCIETIES will once again join our industry partners **AIA** (Architects) and **AGC** (Contractors) for a Legislative Reception. We look forward to welcoming legislators and other state leaders as our guests again this year. Each member of the General Assembly is invited to attend, and you are strongly encouraged to extend a personal invitation to your legislators.

WHY IT'S IMPORTANT FOR YOU TO ATTEND -- PREVIOUS ATTENDEES SAY IT BEST!

"The legislative reception is one place I can expand my network of contacts in the architecture and engineering communities, learn about new projects, and gain access to legislators and state leaders who make policy decisions affecting my business."

"Attending this reception is one of the most important ways design and construction industry professionals can make our collective voices, clout and influence heard."

Registration Form

Building Georgia Legislative Registration

Name(s) _____ E-mail _____

Firm/Company _____

Address _____ City _____ State _____ Zip _____

Registration for _____ reservation(s) at \$55 per attendee prior to 2/10/09; \$75 after 2/10/09 Total \$ _____

Registration is due by 2/10/09. Payment is required before the meeting date; only no-shows will be invoiced.

- Make check payable to GEA ___ enclosed ___ in the mail **OR** register on-line @ www.acecga.org
- Charge to my ___ VISA ___ MasterCard ___ AMEX
 Card # _____ Exp. Date _____

Billing Address (if different from above) _____ City _____ State _____ Zip _____

Cardholder Signature _____