



## A Day Apart - Booking Form

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Are you an AGO Grand Strand Chapter Member ? Yes (\$10) / No (\$15)

Please return this form, with a check payable to *Grand Strand Chapter, AGO*, to:

Billy Fallaw  
c/o FUMC  
1001 Fifth Avenue  
Conway  
SC 29526

Once this form and your payment are received, a confirmation email will be sent.