

Class Date: Friday - Tuesday, March 6-10, 2020
Class Location: Cobb Galleria Centre, 2 Galleria Pkwy., Atlanta, GA 30339 Room: 103
Class Time: 9:00 am – 5:00 pm daily
Class Fee: \$2475 (by check) or \$2525 (by credit card).
To reserve space, full or partial payment must accompany registration form. See *Payment Information* section below

Complete the registration form & return with payment to:

Credit cards: Fax: (404) 634-4663 or email: jlince@atlantajewelrysthows.com
Checks: Mail: Atlanta Jewelry Show, Attn: Judy Lince, 1950 Spectrum Cir., Ste. 105, Marietta, GA 30067

Student Information:

Student Name: _____
(Use full legal name: This is the name that will appear on your GIA Credentials)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Store Name (if applicable): _____

Store Address (if applicable): _____

Store City: _____ State: _____ Zip: _____

Phone (daytime)*: _____ *required Cell Phone*: _____ *required

Email Address*: _____ *required

GIA Student Number (if applicable): _____

Students may obtain a Transfer of Credit form for a GIA Letter of Completion for this session on the first day of the session. The transfer request form may be submitted to GIA after the participant has met the minimum standards for successful completion of the session. For the request to be accepted, participant must meet GIA admissions requirements that can be found in GIA's on-line catalog at <http://www.gia.edu/gia-courses-offered>

Would you like to pre-register for the Atlanta Jewelry Show?

- Yes, & pre-register my colleagues below, too (must meet Atlanta Jewelry Show registration requirements)
 I believe I am already pre-registered for the show No thank you, I will not be able to attend the show

(1) _____ (2) _____ (3) _____

Payment Information:

If registration is received prior to December 16, 2019 payment may be made in two installments: 50% with form submission; balance to be paid 45 days after initial deposit. e charged 45 days later. You may also submit payment in full with registration. Note: If installment payment option is selected, class registration fee & deposit may be forfeited if balance is not paid in full by January 21, 2020.

Check one option below:

- Find my check made payable to SJTA for \$1238. I will remit the balance via check for \$1237 within 45 days of initial deposit.
 Find my check made payable to SJTA for \$2475 for payment in full.
 Charge my credit card now for \$1263 and the balance of \$1262 within 45 days of initial deposit.
 Charge my credit card now for \$2525, payment in full.

Credit Card Type: American Express MasterCard Visa

Cardholder Name: _____ Credit Card Number: _____

Expiration Date: _____ Verification Code: _____

Cardholder Address: Same as Mailing address above Same as Store address above

- I understand that submission of this form, along with payment, confirms my participation for the GIA Gem Identification Lab Session, March 6-10, 2020 hosted by the Atlanta Jewelry Show. I further understand that the class fee is non-refundable and failure to attend will result in forfeiture of all paid amounts. All classes start on time and failure to arrive by 9:00 am could result in non-admittance to the class and forfeiture of all paid amounts. _____ (please initial acceptance)

Signature: _____ Date: _____