

INFORMATION SHEET

Embassy Suites Lexington

Tuesday, June 25 – Thursday, June 27, 2024

SCHEDULE OF EVENTS

Tuesday, June 25

- ***Kentucky Summit Golf Outing – Cherry Blossom Golf Club – \$95***
Includes green fees, range balls, cart and box lunch
7:30 AM – Sign in
8:00 – Tee Time with shotgun start
- ***Summit Workshops***
 - **Competent Person Training Workshop - \$125**
8:30AM – 4:30 PM
 - **Damage Investigation Workshop - \$150**
8:30 AM – 12:30 PM
 - **Utility Mapping with GIS Training - \$150**
1:00 PM – 5:00 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, June 26 – Thursday, June 27

- ***Summit Sessions – Registration***
 - **\$259** (Early)
 - **\$299** (after 4/30/24)
 - **\$349** (after 6/5/24)Includes entry to all sessions, Exhibit Hall, lunch and receptions.
Workshops are not included.

Hotel Room Reservations

Reservations must be made by May 25, 2024, to receive this rate.

Room rates are \$110 per night.

Call: (859) 455-5000

Group code: **811**

[Available Rooms - Embassy Suites Lexington](#)



Attendee Registration

Embassy Suites Lexington

Tuesday, June 25 – Thursday, June 27, 2024

Primary Contact: _____ Title: _____

Company: _____

Mailing Address: _____

City, State, ZIP: _____

Work Phone: _____ Email: _____

Attendee Names	Summit	Competent	Damage	Utility	Utility Locator	Golf	Amount Due
Early Bird	(\$259 /	Person	Investigation	Mapping	Skills	(\$95)	
Regular (After 4/30/24)	\$299 /	Training	Training	with GIS	Enhancement		
Late / On Site (After 6/5/24)	\$349)	(\$125)	(\$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 644
Conway, AR 72033

Canceling before 5/26/24 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.