

INFORMATION SHEET

IP Casino & Resort Biloxi

Wednesday, November 4 – Friday, November 6, 2026

SCHEDULE OF EVENTS

Wednesday, November 4

- **Summit Golf Outing – Shell Landing Golf Club – \$110**
Includes green fee, cart, and range balls – 8:30 AM sign-in, 9:00 AM tee time
- **Summit Workshops**
 - Damage Investigation Training - **\$200**
8:30 AM – 12:00 PM
 - Acoustic & RTK 1 Day Certification Course - **\$250**
8:30 AM – 4:30 PM
 - Utility Locator Skills Enhancement Workshop Training - **\$ 250**
8:30 AM – 4:30 PM
 - Utility Mapping with GIS Training - **\$150**
1:00 PM – 5:00 PM
- **Summit Reception** – included in registration for any of the Summit events
 - 5:00 PM – 7:00 PM

Thursday, November 5 – Friday, November 6

- **Summit Sessions** – Registration
 - **\$289** (Early)
 - **\$329** (after 9/9/26)
 - **\$379** (after 10/14/26)Includes entry to all sessions, Exhibit Hall, lunch, and receptions.
Workshops are not included.

Hotel Room Reservations

Room block rates are coming soon
Reservations must be made by
Please call (888) 946- 2847 #1
Group Code:

Online Reservations link coming soon



Attendee Registration

IP Casino & Resort, Biloxi

Wednesday, November 4 – Friday, November 6, 2026

Primary Contact: _____ Title: _____

Company: _____

Mailing Address: _____

City, State, ZIP: _____

Work Phone: _____ Email: _____

Attendee Names	Summit	Damage	Acoustic &	Utility	Utility	Golf	Amount
Early Bird	(\$289 /	Investigation	RTK 1 Day	Locator Skills	Mapping	(\$110)	Due
\$289.00	\$329 /	Training	Certification	Enhancement	with GIS		
Regular (After 9/9/26)	\$379)	(\$200)	Course	Workshop	Training		
\$329.00			(\$250)	(\$250)	(\$150)		
Late / On-Site (After 10/14/26)							
\$379.00							
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 **10/5/26** 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.