

2011 Central Regional Conference
 Saturday, Nov 5th - Monday, Nov 7th



Associate Member Registration Form

Return this form with payment to:

Sheridan Student Union Inc.

Attention: Chuck Erman

1430 Trafalgar Road, Oakville, ON L6H 2L1

Phone: 905-845-9430 ext. 2302 / Fax: 905-815-4030 / Email: chuck.erman@sheridanc.on.ca

PLEASE MAKE CHEQUES PAYABLE TO: "Sheridan Student Union Inc."

Name of Company or Act: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal Code: _____

Telephone: _____ Fax: _____

| Primary Delegate: First & Last Name | 1 st Name or Nick- name on Badge | Title/Position | E-mail |
|--|--|----------------|--------|
| _____ | _____ | _____ | _____ |
| Additional Delegates: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

N.B. Please note any special dietary needs (e.g. vegetarian, vegan, kosher, halal, etc.)

Type of Company or Act: _____

Biz Hall Booth Information Form

Biz Hall – Monday, November 7th - Novotel Toronto - Mississauga Center - Paris Ballroom

Please Complete the Following:

Number of 6' x 6' booth spaces registered for conference: _____

If more than one booth space requested, should these spaces be adjacent? Yes No

State the number of 15 AMP duplex outlets required (**\$30 per 15 Amp outlet**) _____

Will food or beverage samples be provided at your booth? Yes No

Will you be bringing your own audio/video equipment? Yes No

N.B. Please keep a copy of this form for your records

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Name of Company or Act: _____

Associate Delegate Fee & Booth @ \$250.00
Indie Music Act Delegate Fee & Half (1/2) Booth @ \$210.00

A - MANDATORY SECTION – Choose ONE (1) of the following:

1st Delegate Fee - including full Booth @ \$250 \$ _____
The fee includes **1 Full Associate Conference Pass**, 1 6'x6' Booth, a 6' table and a chair at the Business Hall – November 8th, and a Conference Manual. **OR**

OR
Indie Music Acts 1st Delegate Fee - including shared Booth @ \$210 \$ _____
The fee includes **1 Full Associate Conf. Pass**, 1 shared 6'x6' Booth with 6' table and chair at the Business Hall – November 8th, and a Conference Manual.
(N.B. This option is available ONLY to Indie music artists.) **PLUS**

Add additional items below as required:

B - OPTIONAL SECTION – Choose ANY of the following that apply to your registration:

Additional Delegate Fees (Pass to entire Conf.) @ \$150 (____ x \$150) = \$ _____
(N.B. Only available in conjunction with one of the above Associate Delegate Fees)
The fees include **1 Full Associate Conference Pass** and a Conference Manual.

Conference Day Pass @ \$100 (____ x \$100) = \$ _____
For associate delegates not able to attend entire conference.
(N.B. Only available in conjunction with one of the above Associate Delegate Fees)
Please specify which delegate(s) & day(s) requested for each Day Pass ordered:
Saturday _____ / Sunday _____ / Monday _____

Additional Booth(s) to create double or triple @ \$75 (____ x \$75) = \$ _____

110 Volt Electrical Outlet at your Booth @ \$30 (____ x \$30) = \$ _____

Conference Manual Advertising (N.B. see prices on info sheet) \$ _____

COCA Membership Fee – payable **ONLY** if not yet renewed in 2010. \$ _____
(Take pre-tax sub-total from "Membership Application Form". Contact the COCA Office to verify membership status: 519-690-0207 or cocaoffice@coca.org)

SUB-TOTAL (Total All Conference & Membership Fees) **SUBTOTAL** \$ _____

Add Hst #127643989 **+13% GST** \$ _____

TOTAL PAYABLE **TOTAL** \$ _____

Please make cheques payable to: "**Sheridan Student Union Inc.**"

N.B. Please keep a copy of this form for your records.

For **Showcase Applications**, you must apply on-line at Sonicbids.com/cocacentral (required for music acts) or complete the Showcase Application Form. See showcase fees info sheet.

Companies and artists needing more information on the **Business Hall or Sponsorship Opportunities** should contact:

Chuck Erman, Events & Programming Manager, 905-845-9430 ext. 2302 or chuck.erman@sheridanc.on.ca