



**CANADIAN ORGANIZATION
OF CAMPUS ACTIVITIES
2010 NATIONAL CONFERENCE**

June 21st – June 25th, 2010

Associate Member Conference Registration - Page 1

Return this application with payment to: **“COCA National Conference”**

509 Commissioners Rd. W., Suite 202, London, ON N6J 1Y5

Phone: (519) 690-0207 / Fax: (519) 681-4328 / E-mail: “Contact” on www.coca.org

Name of Company or Act: _____

Mailing Address: _____

City: _____ Prov/Sate: _____ Postal/Zip: _____

Telephone: _____ Fax : _____

Primary Delegate: First & Last Name	First or Nickname for Top of Badge	Title/Position	E-mail Address
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_____	_____	_____	_____
Additional Delegates:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Type of Company or Act: _____

Biz Hall Booth Information (trade show)

Campus Activities Biz Hall – Thursday & Friday, June 24 & 25, 2010

Four Points by Sheraton London – Ballroom

Please Complete the Following:

Number of 8’ x 8’ booth spaces required for Biz Hall (trade show): _____

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

State number of 15 Amp, 110-volt duplex outlets required (\$50 per outlet) _____

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

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

Please list any special requests: _____

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



COCA 2010 National Conference

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(all fees are subject to federal GST tax)

Name of Company or Act: _____

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

Full Booth Fee for 2 Delegates @ \$475 \$ _____

This fee includes 2 Full Associate Conference Passes, 1 8'x8' Booth, a 6' table & chair at Biz Hall June 24 & 25, 2 Biz Hall meals, 2 tickets to Associates' Reception, + 2 Conf. Manuals. OR

OR **Self-Represented Acts Shared Booth Fee for 1 Delegate** @ \$265 \$ _____

(N.B. This option is available ONLY to self-represented artists.) This fee includes 1 Full Associate Conference Pass, 1 shared 8'x8' Booth, 6' table & chair at Biz Hall on June 24 & 25, 1 Biz Hall meal, 1 ticket to Associates' Reception, + 1 Conference Manual.

2. OPTIONAL SECTION – Choose ANY of the following that apply:

Fringe Festival Show (tba) (Sun, June 20, 8 pm) (____ x \$10 / person) = \$ _____

Tour (tba) (3 hrs. Mon, June 21, 11 am) (____ x \$35 / person) = \$ _____

Golf Tournament (Mon, June 21, 10 am – 2 pm) (____ x \$95 / person) = \$ _____

Additional Delegate Fees (Pass to entire Conf.) @ \$185 (____ x \$185/person) = \$ _____

(N.B. Only available with 1 of the above mandatory Booth Fees. This fee includes 1 Full Associate Conference Pass, 1 Biz Hall meal, 1 ticket to Assoc. Members' Reception, + 1 Conf. Manual.

Additional Conference Meals

Tuesday, June 22nd Opening Brunch (____ x \$40) = \$ _____

Thursday, June 24th BBQ Lunch prior to Songwriter Showcase (____ x \$35) = \$ _____

Friday, June 25th Biz Hall Buffet (N.B. this meal included w/ Reg'n) (____ x \$35) = \$ _____

Friday, June 25th – Awards Show & Closing Banquet (____ x \$55) = \$ _____

____ **Additional Booth(s)** to create double or triple @ \$135 (____ x \$135) = \$ _____

____ **110 Volt Electrical Outlet** at your Booth @ \$50 (____ x \$50) = \$ _____ +

SUB-TOTAL (ALL Mandatory & Optional Fees above) SUBTOTAL #1 \$ _____ =

3. ADD TOTALS FROM: Showcase Fees + Membership + Advertising Forms

COCA Membership Fees (Mandatory – MUST be paid if not yet renewed in 2010)

(Take pre-tax subtotal from Associate Membership - Companies form) (Minimum: \$285.) \$ _____) OR

OR (Take pre-tax subtotal from Associate Membership - Artists form) (Minimum: \$150.) \$ _____)

Showcase Fees (If applicable – \$250) \$ _____ +

Conference Manual Advertising (Take pre-tax subtotal from Advert. Order Form) \$ _____ +

SUB-TOTAL (ALL Mandatory & Optional Fees above) SUBTOTAL #2 \$ _____ =

Add: GST tax @ 5% (GST # 87208 5493 RT0001) **+ 5% GST** \$ _____ +

TOTAL PAYABLE TOTAL \$ _____ =

To be Paid by: Cheque payable to "COCA National Conference" OR Visa MasterCard Amex

Card #: _____ Expiry: _____

Name on Card: _____

Authorization Signature: _____

(N.B. Your signature authorizes COCA to charge "TOTAL" above to your credit card.)

N.B. Please keep a copy of this form for your records. **Send completed form (pages 1 & 2), plus payment in full to:** COCA, 509 Commissioners Rd. W., Suite 202, London, ON N6J 1Y5 **Tel: 519-690-0207**

COCA Refund Policy: In the event of cancellation, these fees are fully refundable until May 21st, 50% refundable until June 7th, and not refundable after June 7th. **E-mail: "Contact" at www.coca.org**