



Organisation canadienne
des activités de campus | Canadian Organization
of Campus Activities

CANADIAN ORGANIZATION
OF CAMPUS ACTIVITIES
2010 NATIONAL CONFERENCE

June 21ST – June 25TH, 2010

School Registration Form - 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” link on www.coca.org

School Name: _____

Association or Department: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax : _____

Please list the names of all delegates from your school. In order to register delegates in categories 2 & 3, you must register at least one (1) full delegate in category 1.

N.B. Delegates under 19 may be restricted from access to showcases held in licensed establishments depending on provincial liquor laws and the establishment’s internal rules. COCA will make every effort to accommodate them. Beside delegate name, please indicate age of any delegate who will be under 19 as of June 21, 2010. Thank you.

N.B. Please note any **special dietary needs** (e.g. vegetarian, kosher, halal, etc.) beside delegate’s name.

<u>First & Last Name</u>	<u>First Name or Nickname for Top of Badge</u>	<u>Title/Position</u>	<u>Previous COCA’s Attended?</u>	<u>E-mail Address</u>
1. FULL DELEGATES:				
Primary Full Delegate:				
_____	_____	_____	_____	_____
Additional Full Delegates:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. VOLUNTEER DELEGATES (volunteer ½ time at Conference – see flyer):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. DAY PASS DELEGATES (indicate day attending):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

N.B. Please also complete Page 2 of this form and keep a copy of both pages for your records.



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COCA National Conference 2010

School Registration Form – Page 2

(all fees are subject to federal GST tax)

Name of School: _____

N.B. Delegates under 19 may be restricted from access to showcases held in licensed establishments depending on provincial liquor laws and the establishment's rules. COCA will make every effort to accommodate them.

MANDATORY REGISTRATION

– Each school must register at least one (1) full delegate:

Full Conference Delegate Fee _____ @ \$475 \$ _____

This fee includes delegate kit with Conference Manual and **Full Conference Pass** to all conference events including Educations Sessions, Biz Hall, Showcases and 4 meals: Opening Brunch, BBQ Lunch, Biz Hall Lunch, Awards Show/Closing Banquet.

OPTIONAL REGISTRATIONS

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

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

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

Volunteer Delegate Fee _____ @ \$285 \$ _____

(N.B. Limited space available on 1st come, 1st served basis – please contact the COCA office in advance to reserve space in Volunteer Delegate Program. Only available if school registers at least one Full Delegate.) This fee includes Conference Manual, access to all conference events when not on duty, and all conference meals. Participants will serve as volunteers for ½ the conference schedule.

Partial Delegate Fees (Day Pass - \$175 per day) _____ @ \$175 \$ _____

(For delegates not able to attend entire conference. Please specify no. on each day.)

Wednesday ____ / Thursday ____ / Friday ____ / Saturday ____ / Sunday ____

COCA Membership Fee (1st Membership: \$300/school / \$175 for 2nd campus or dept. non-voting membership)

(Mandatory – must be paid if not yet renewed in 2009 – pls. attach Membership Form + \$ 300.00)

(N.B. To check membership status, contact COCA head office: 519-690-0207 or “Contact” at www.coca.org)

SUB-TOTAL SUBTOTAL \$ _____

Add: GST @ 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: 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**