



**CANADIAN ORGANIZATION
OF CAMPUS ACTIVITIES
2012 NATIONAL CONFERENCE**

June 22nd – June 26th, 2012

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
_____	_____	_____	_____
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 – Monday & Tuesday, June 25 & 26, 2012

Hyatt Regency Montreal – Grand Salon

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 (\$60 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 2012 National Conference

Associate Member Conference Registration – Page 2

(all fees are subject to Ontario/Federal HST tax)

Name of Company or Act: _____

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

Full Booth Fee @ \$490 \$ _____
 This fee includes **2 Full Associate Conference Passes**, 1 8'x8' Booth, a 6' table & chair at Biz Hall June 25 & 26, 1 Awards Banquet meal, 2 tickets to Associates' Reception + 2 Conf. Manuals.

OR

OR Shared Booth Fee (for self-rep'd artists only - 1 delegate pass) @ \$280 \$ _____
 (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 23 & 24, 1 Biz Hall meal, 1 ticket to Associates' Reception + 1 Conference Manual.

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

Jet Boat on St. Lawrence incl. lunch (Fri, June 22, 9:30 am start) (___ x \$75/per) = \$ _____

Montreal City Tour 3 hours (Fri, June 22, 9:30 am start) (___ x \$55/per) = \$ _____
 Please visit Tourism Montreal for more information - www.tourisme-montreal.org

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 ticket to Assoc. Members' Reception + 1 Conf. Manual.

Additional Conference Meals

Sunday, June 24 Buffet (___ x \$40) = \$ _____

Monday, June 25 – Awards Banquet & Show (___ x \$75) = \$ _____

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

_____ **110 Volt Electrical Outlet** at your Booth @ \$50 (___ x \$60) = \$ _____ +

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 2012)

(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 Application Fee (If applicable – \$35) \$ _____ +

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: Ontario HST tax @ 13% (HST # 87208 5493 RT0001) **+ 13% HST** \$ _____ +

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 22nd, 50% refundable until June 5th, and not refundable after June 5th. **E-mail: “Contact” at www.coca.org**