



**CANADIAN ORGANIZATION
OF CAMPUS ACTIVITIES
2014 NATIONAL CONFERENCE**

June 2 – June 6, 2014

Associate Member Conference Registration - Page 1

Return this application with payment to: **“Canadian Org’n of Campus Activities”**

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 or Nickname	Title/Position	E-mail Address
First & Last Name	for Top of Badge		

_____	_____	_____	_____
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 5 & 6, 2014

Marriott Gateway on the Falls, Oakes Ballroom North & Foyer

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 2014 National Conference

Associate Member Conference Registration – Page 2

Name of Company or Act: _____

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

Full Booth Fee (2 delegate passes) (____ x \$495) = \$_____

Includes: **2 Full Associate Conference Passes**, 1 8'x8' Booth, a 6' table & chair at Biz Hall
June 5 & 6, 2 tickets to Associates' Reception, 2 Conf. Manuals + 2 lunch tickets June 6.

OR

OR

Shared Booth Fee (1 delegate pass) (____ x \$290) = \$_____

(N.B. This option available ONLY to self-represented artists.) This fee includes:

1 Full Associate Conference Pass, 1 shared 8'x8' Booth, a 6' table & chair at Biz Hall
June 5 & 6, 1 ticket to Associates' Reception, 1 Conf. Manual + 1 lunch ticket June 6.

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

Jet Boat on the Niagara River – Minimum 40 participants required or fee fully refunded.
Monday June 2. Bus departs hotel 11:30 am - 1 hour Jet Boat ride - returns by 4:00 pm.

\$70 value for \$65 per person - sponsored by Epicpromo (____ x \$65/per) = \$_____

Names: _____

Pls. indicate jacket sizes (e.g. men's large, ladies medium, etc.)

City Tours – see Niagara website – <http://niagarafallstourism.com/play/sightseeing-tours/>

Additional Delegate Fees (Pass to entire Conf.) @ \$140 (____ x \$140/person) = \$_____

(N.B. Only available with 1 of the above mandatory Booth Fees. Includes **1 Full Associate Conference Pass**, 1 ticket to Associates' Reception, 1 Conf. Manual + 1 lunch ticket June 6.

Additional Conference Meals

Tuesday, June 3 Opening Lunch w/keynote (____ x \$45) = \$_____

Wednesday, June 4 Lunch w/keynote (____ x \$45) = \$_____

extra tax - Fri, Jun 6 Associates lunch (Note: incl. with reg'n above) (____ x \$45) = \$_____

Friday, June 6 Awards Banquet & Show (____ x \$75) = \$_____

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

_____ **110 Volt Electrical Outlet** at your Booth @ \$60 (____ 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 2014)

(Take pre-tax subtotal from Associate Membership - Companies form) (Minimum: \$350.) \$_____) OR

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

Showcase Application Fees (If applicable – \$35) (____ x \$35) = \$_____ +

Showcase Fees (If applicable – \$250) – Acts: _____ (____ x \$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 "Canadian Org'n of Campus Activities" **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.)

We advise against sending credit card numbers by email. If returning this form by email, you may leave some credit card numbers blank and send those separately by fax or phone.

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 5,
50% refundable until May 19, and not refundable after May 19. **E-mail: "Contact" at www.coca.org**