



CANADIAN ORGANIZATION OF CAMPUS ACTIVITIES 2015 NATIONAL CONFERENCE

June 8 – June 12, 2015

Alumni Conference Registration - Page 1

Return this registration form 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

Full Name: \_\_\_\_\_

Name of School, Company or Act when you were a member of COCA: \_\_\_\_\_

\_\_\_\_\_ Years active: from \_\_\_\_\_ to \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/Sate: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Email : \_\_\_\_\_

Please note any special dietary needs (e.g. vegetarian, kosher, halal, etc.): \_\_\_\_\_

Would you like to be added to the COCA Alumni on-line directory? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

Complimentary Alumni Day Pass (Wednesday, June 10 only) = \$ \_\_\_\_\_ n/c

Includes: Alumni Day Pass, ticket to Western Alumni Reception June10, and a Conf. Manual.

OR

Full Delegate Pass (alumni delegate pass – 5-days) (\$50) = \$ \_\_\_\_\_

This fee includes: full 5-day pass, ticket to Western Alumni Reception June10, and a Conf. Manual.

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

For Pre-Conference Activities, see Explore Edmonton & Travel Alberta websites:

http://exploreedmonton.com/

http://travelalberta.com/

Conference Banquets

Tuesday, June 9 Opening Lunch w/keynote Trey Anthony (\_\_\_\_ x \$45) = \$ \_\_\_\_\_

Wednesday, June 10 Lunch w/keynote Steven Kerzner (Ed the Sock) (\_\_\_\_ x \$45) = \$ \_\_\_\_\_

Friday, June 12 Awards Banquet & Show (\_\_\_\_ x \$75) = \$ \_\_\_\_\_

SUB-TOTAL (ALL Mandatory & Optional Fees above) SUBTOTAL \$ \_\_\_\_\_ =

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 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 11, 50% refundable until May 25, and not refundable after May 25. E-mail: "Contact" at www.coca.org