



CANADIAN ORGANIZATION
OF CAMPUS ACTIVITIES
2017 NATIONAL CONFERENCE

June 11 – June 15, 2017

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/State: _____ Postal/Zip: _____

Tel: _____ Email : _____

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 – Wednesday, June 14, 2017

DoubleTree by Hilton London ON, Grand 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 (\$65 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 2017 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 \$505) = \$ _____

Includes: 1 or 2 Full Associate Conference Passes, 1 8'x8' Booth, a 6' table & chair at Biz Hall Wed, June 14, Associates' Reception, Conference Manuals + Lunch June 14.

OR

OR

Shared Booth Fee (1 delegate pass) (____ x \$295) = \$ _____

(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 Wed, June 14, 1 ticket to Associates' Reception, 1 Conf. Manual + 1 lunch ticket June 14.

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

For Pre-Conference Activities, see Tourism London and Ontario Travel:

www.londontourism.ca

www.ontariotravel.net

Additional Delegate Fees (Pass to entire Conf.) @ \$150 (____x \$150/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 14.

Additional Conference Meals

Monday, June 12, Opening Lunch – Hotel (____x \$45) = \$ _____

Tuesday, June 13, 35th Anniversary / Reunion Dinner – Hotel (____x \$75) = \$ _____

Wed., June 14, Biz Hall Lunch – Hotel (NB: incl. with reg'n above) (____x \$45) = \$ _____

Thursday, June 15, Awards Banquet & Show – Western University (____x \$50) = \$ _____

Additional Booth(s) – available to sponsors only

110 Volt Electrical Outlet at your Booth @ \$65 (____x \$65) = \$ _____ +

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 2017)

(Take pre-tax subtotal from Associate Membership - Companies form) (Minimum: \$335) \$ _____) OR

OR (Take pre-tax subtotal from Associate Membership - Artists form) (Minimum: \$175) \$ _____)

Showcase Fees (If applicable – \$275) – Acts: _____ (____x \$275) = \$ _____ +

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: _____

(N.B. Your signature or typed name 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 Fax: 519-681-4328

COCA Refund Policy: In the event of cancellation, these fees are fully refundable until May 10, 50% refundable until May 24, and not refundable after May 24. E-mail: “Contact” at www.coca.org