



CANADIAN ORGANIZATION
OF CAMPUS ACTIVITIES
2018 NATIONAL CONFERENCE

June 12 – June 16, 2018

School Registration Form - 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: cocaoffice {at} coca.org

School Name: _____

Association or Department: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ General Email : _____

Please list the names of all delegates from your school. In order to register delegates in categories 2 & 3 below, 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 11, 2017. Thank you.

N.B. Please note any **special dietary needs** (e.g. vegetarian, vegan, 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.



COCA 2018 National Conference

School Registration Form – Page 2

(all fees are subject to Ontario HST 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:

Conference Delegate Fee - \$525 per delegate (___ x \$525/per) = \$ _____

Includes delegate kit with Conference Manual and Full Conference Pass to all conference events including Education Sessions, Trade Show, Showcases and 3 meals: 2 lunches and 1 Awards Banquet.

OPTIONAL ACTIVITIES & OTHER REGISTRATIONS

To see tourism options, visit Fredericton Tourism / Tourism New Brunswick:

www.tourismfredericton.ca

www.tourismnewbrunswick.ca

Volunteer Delegate Fee (___ x \$315/per) = \$ _____

N.B. Limited space available on first come, first 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. Register by June 1.

Partial Delegate Fees (Day Pass - \$150 per day) (___ days x \$150/day) = \$ _____

(For delegates not able to attend entire conference. Please specify number on each day.)

Tuesday ___ / Wednesday ___ / Thursday ___ / Friday ___ / Saturday ___ /

MEMBERSHIP FEE (1st Membership: \$350/school / \$205 for 2nd campus or dept. non-voting membership)

(Mandatory – must be paid if not yet renewed in 2018 – pls. attach M’ship form with any updates) + \$ 350.00

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

SUB-TOTAL SUBTOTAL \$ _____

Add: Ontario HST @ 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 credit card numbers blank and send separately by fax or phone. Please keep a copy of this form for your records.

If submitting by mail, 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 12, 50% refundable until May 28, and not refundable after May 28. E-mail: “Contact” at www.coca.org