



FLEMING COLLEGE
STUDENT ADMINISTRATIVE COUNCIL
2016 COCA CENTRAL REGIONAL CONFERENCE
 Thursday to Saturday, November 10–12, 2016
School Registration Form –Page 1

Return this application with payment in full to:

Whitney Piper, COCA Central / Fleming SAC / 190 - 599 Brealey Drive, Peterborough, ON K9J 7B1
 Phone: 705-749-5530, x1580 / Fax: 705-743-1013 / whitney.piper@flamingcollege.ca
 (Note: cheques payable to **Fleming SAC**. Credit card payments to COCA – see page 2)

School Name: _____

Association or Department: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax : _____

Please list the names of all delegates from your school. In order to register delegates in category 2 (Day Pass), you must register at least one (1) full delegate in category 1.

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>E-mail Address</u>
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1. FULL DELEGATES – (2½-day conference pass, 2 breakfasts, 2 lunches, 1 dinner):

Primary Full Delegate:

1. _____

Additional Full Delegates:

2. _____

3. _____

4. _____

5. _____

6. _____

2. DAY PASS DELEGATES – (1-day pass) – pls. indicate day(s) attending:

Note. Please also complete Page 2 of this form and keep a copy of both pages for your records.

Cheques: If paying by cheque, payment must be received by Fleming SAC BEFORE arrival to confirm registration of your delegates. **Credit Cards:** payments will be made to COCA.

Refund Policy: In the event of cancellation, these fees are fully refundable until October 14, 50% refundable until October 28, and not refundable after October 28.



2016 Central Regional Conference

School Registration Form –Page 2

(all fees subject to Ontario HST tax)

Name of School: _____

COCA Central 2016 will be held at the Holiday Inn Peterborough Waterfront
150 George Street North, Peterborough, ON K9J 3G5 - 15 minutes from the Fleming campus.
Tel: 705-743-1144 Toll Free Reservations: 866-258-5181 – www.holidayinn.com/waterfront

MANDATORY REGISTRATION

Each school must register at least one (1) full delegate:

1. **Full Delegate Fee** (_____ x \$300 / person) = \$ _____

Full school delegate fee includes: 2½ day conference pass, delegate kit with conference manual, 2 lunches, 1 dinner, 2 light breakfasts + nutrition breaks. See Conference Block Schedule posted: [http:// www.coca.org/2016-central-regional](http://www.coca.org/2016-central-regional)

DAY PASS REGISTRATIONS & MEMBERSHIP FEE

2. **Day Pass Delegate Fee** (For delegates not able to attend entire conference)

Day Pass school delegate fee includes: 1-day conference pass to all events that day, a delegate kit with conference manual, any conf. meals scheduled for the day attending. See Conference Block Schedule: [http:// www.coca.org/2016-central-regional](http://www.coca.org/2016-central-regional)

(Fri or Sat: _____ persons x \$135 per person, per day) = \$ _____

Please specify delegate names on each day they will each be attending.

Friday: _____

Saturday: _____

3. **COCA Membership Fee**

(Mandatory - IF: - SCHOOL is a *New Member* or if has NOT yet renewed in 2016 – pls. attach School Membership form. 1st Membership - \$350 voting / 2nd Membership (additional dept. or campus) - \$350 voting or \$205 non-voting (N.B. To check membership status, contact the COCA office: 519-690-0207 or click “Contact” at www.coca.org)

+ \$ _____

4. **MANDATORY – ADD TAX:**

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

Add: Ontario HST tax @ 13% (HST #10681 3041 RT0001) **+ 13% HST** \$ _____ +

TOTAL PAYABLE **TOTAL** \$ _____ =

To be Paid by: Cheque payable to “Fleming SAC” **OR** Visa MasterCard Amex (paid to COCA)

Card #: _____ Expiry: _____

Name on Card: _____

Authorization: _____

(N.B. Your signature authorizes COCA to charge “TOTAL” above to your credit card.)

Security Note:

If returning this form by email, you may leave credit card numbers blank and send separately by fax or phone.

Send completed form plus payment in full to:

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Please keep a copy of this form for your records.