

CONFERENCE REGISTRATION FORM

NAME/S/ _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL.NO. _____ Email _____

EMERGENCY CONTACT: _____
(Name and Phone Number)

AFFILIATE OR ASSOCIATION NAME _____

DEADLINE FOR HOTEL RESERVATION IS _____

CALL HOTEL DIRECT TO MAKE RESERVATIONS (Phone number) _____

Tell us what designation you wish on your name badge:

Delegate ___ Alt Delegate ___ Retirement Board Member ___ Ret. Board Member Alt ___

Member ___ Guest ___ Affiliate ___ CRCEA Officer (Indicate Title) _____

CONFERENCE ASSOCIATION FEE \$75.00 (Include on Delegate Reg. form only) \$ _____

ATTENDEE FEE OF \$75.00 _____ Each \$ _____

(To be paid by every CRCEA member, except Affiliates and Host Conference Volunteers)

SPOUSE/SIGNIFICANT OTHER NOT ATTENDING MEETINGS \$35.00 \$ _____

BANQUET REGISTRATION FORM

MEAT – QTY _____ @ \$ _____ Each \$ _____

CHICKEN – QTY _____ @ \$ _____ Each \$ _____

FISH – QTY _____ @ \$ _____ Each \$ _____

VEGETARIAN – QTY _____ @ \$ _____ Each \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

(Association fees (if applicable), Banquet, Attendee fees)

COMPLETE THIS FORM AND MAIL TO:

(Name) (Address) (City) (State) (Zip) (Phone)

MAKE CHECK PAYABLE TO: _____

Note: This Registration Form is in a WORD format for easy editing. The host county may add, delete or adjust any specific information to this form (i.e. time of conference, dates, name of hotel including city and any other information it believes will help in registering conference attendees.