

**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 \_\_\_ Alternate Delegate \_\_\_ Ret. Bd. Mbr. \_\_\_ Ret.Bd.Mbr.Alt. \_\_\_

Member \_\_\_ Guest \_\_\_ Affiliate \_\_\_ CRCEA Officer (Indicate Title) \_\_\_\_\_

**CONFERENCE ASSOCIATION FEE** \$75.00 (include on Delegate Regis. form only) \$ \_\_\_\_\_

**ATTENDEE FEE OF \$45.00** \_\_\_\_\_ **Each** \$ \_\_\_\_\_

(To be paid by every attendee (including spouses) except Affiliate and Host Conference Volunteers)

**BANQUET REGISTRATION FORM**

PRIME RIB – QTY \_\_\_\_\_ @ \$ \_\_\_\_\_ Each \$ \_\_\_\_\_

CHICKEN – QTY \_\_\_\_\_ @ \$ \_\_\_\_\_ Each \$ \_\_\_\_\_

FISH – QTY \_\_\_\_\_ @ \$ \_\_\_\_\_ Each \$ \_\_\_\_\_

VEGETARIAN – QTY \_\_\_\_\_ @ \$ \_\_\_\_\_ Each \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

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

COMPLETE THIS FORM AND MAIL TO:

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

MAKE CHECK PAYABLE TO: \_\_\_\_\_

**Note: Host Counties may add 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.**