



Take your work to the next level

CCA'S FEDERAL ID#
23-7248450

I have a special dietary request or a disability, and will require accommodations to fully participate in this meeting. Please contact me.

Please send me a receipt for my records.



QUESTIONS?
Contact Chair Sarah Dorman at (712) 667-3200 or email sarahd@westcentral.net

2010 CCA INSTITUTE REGISTRATION FORM

June 12–15 in Minneapolis, Minnesota

Early discount deadline: May 3, 2010

After you complete this form and send it with your payment, make hotel reservations at the **Crowne Plaza–Northstar** at (612) 338-2288. Rates are \$149 per night for a single or double (mention CCA). The hotel reservation deadline is **May 14**, so don't delay.

Name _____ Badge name _____

Spouse/Guest _____ Badge name _____

Cooperative _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

This is my first CCA Institute Yes No

Registration fee:	CCA Member	Non-Member	1 Day
By May 3	\$300	\$375	\$150
After May 3	\$350	\$400	\$150

MEALS AND ACTIVITIES

Please check the meals and events you'll attend:

Saturday, June 12

Welcome Reception

Sunday, June 13

- Contest Awards Dinner
- Contest Awards Dessert Reception

Monday, June 14

- Regional Breakfasts
- Wabasha Street Caves Offsite Dinner

Tuesday, June 15

- Marketplace Breakfast
- Lunch and Business Meeting
- Honors Reception
- Honors Banquet

PAYMENT INFORMATION

To pay by check: Fill out this form and print it. Return, with your check, to the address below right.

To pay by credit card: Fill out this form, print it, then fax or mail to the number or address below right OR register online at www.communicators.coop.

Visa MasterCard

Name on card _____

Account number _____

Expiration date _____

Signature _____

Refund policy: All cancellations must be made in writing via fax to 814-355-2452 or email to CCA@communicators.coop. A 50% refund will be provided for cancellations received by May 28. No refunds after June 2.

REGISTRATION FEES (meals included with fee)

CCA member rate
_____ @ \$300 (\$350 after May 3) = _____

CCA non-member rate
_____ @ \$375 (\$400 after May 3) = _____

One-day registration
_____ @ \$150 = _____

TICKETS FOR ADDITIONAL GUESTS

Guest meals-only package*
_____ @ \$175 = _____

Sunday awards reception and dinner
_____ @ \$40 for adults = _____
_____ @ \$20 for children (12 & under) = _____

Wabasha Street Caves Offsite Dinner
_____ @ \$75 for adults = _____
_____ @ \$25 for children (12 & under) = _____

Tuesday night honors reception and dinner
_____ @ \$50 for adults = _____
_____ @ \$20 for children (12 & under) = _____

TOTALS

Registration fee(s) (meals included with fee) = _____

Shirley Sullivan Education fund (voluntary) = _____

Additional Guest Tickets total = _____

Total payment enclosed = _____
(payment must accompany form)

SEND FORM AND PAYMENT TO

Cooperative Communicators Association
174 Crestview Drive, Bellefonte, PA 16823-8516
Phone: 877-326-5994 • Fax: 814-355-2452

REGISTER ONLINE

www.communicators.coop
Under What's Happening, click 2010 CCA Institute

* Honorary members pay this rate