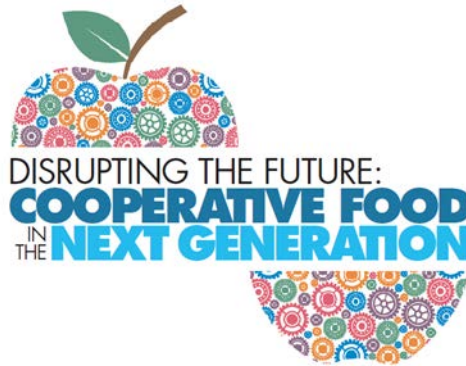


# 2016 CCMA CONFERENCE REGISTRATION

(One Complimentary Only – Mail/Fax/Email Registration Form)



Join NCBA CLUSA. Click [here](#) for details.

## All Complimentary Registrations must be received by May 25, 2016

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Bowers Fund Scholarship Recipient | One Complimentary Registration |
| <input type="checkbox"/> Keynote Speaker                   | One Complimentary Registration |
| <input type="checkbox"/> Bronze Sponsor                    | One Complimentary Registration |
| <input type="checkbox"/> NCBA Staff                        | Complimentary Registration     |
| <input type="checkbox"/> CDF Staff                         | Complimentary Registration     |

I want to make a donation to the Bowers Fund      Amount: \_\_\_\_\_

I want to enter the Howard Bowers Fund drawing for an Apple watch

- 1 ticket for \$10      \_\_\_\_\_

- 3 tickets for \$25      \_\_\_\_\_

- 5 tickets for \$40      \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Payment for Bowers Fund Donation or Raffle Tickets Only

MasterCard  Visa  American Express  Discover  Check

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Your Dietary restrictions:  Vegetarian  Gluten Free  Vegan  Dairy Free

Is this your first time attending the Cooperative Professionals Conference?  Yes  No

How did you hear about this conference? Please check all that apply.

Cooperative Grocer Magazine Ad  Cooperative Grocer Network Website  Email  Co-worker

Colleague  NCBA Website  Other \_\_\_\_\_

**By E-Mail or Fax:** Email your completed form to [registration@umass.edu](mailto:registration@umass.edu) or fax to (413) 577-8130. For security purposes, only provide credit card information by fax (413) 577-8130 or over the phone (413) 577-8102, and not send it via email.

**By Mail:** Mail your completed form, and check if applicable, to: UMass Conference Services, 810 Campus Center, 1 Campus Center Way, University of Massachusetts, Amherst, MA 01003.

**Email Registration Confirmation:** Each attendee will receive a confirmation email once they complete their registration, as well as a receipt when payment is received.

**Late Fees:** All registrations and/or payments received after **May 25, 2016** will be assessed a \$40.00 late fee. Participants registering or paying on-site will also be charged this late registration fee. NCBA is not responsible for paying any late fees.

**Cancellation Fees:** Conferees canceling their registration before the close of business on **June 1, 2016** will receive a full refund or their fees minus a \$60.00 cancellation-processing fee and any administrative fees. All cancellations must be in writing. Telephone cancellations will not be accepted unless they are immediately followed by a letter of cancellation by way of email or fax. Individual participant payments will be accepted by the UCS Registration Office through the conclusion of the conference. UCS will charge conferees a **\$35.00** returned check fee to cover the administrative cost. NCBA is not responsible for paying any cancellation fees.