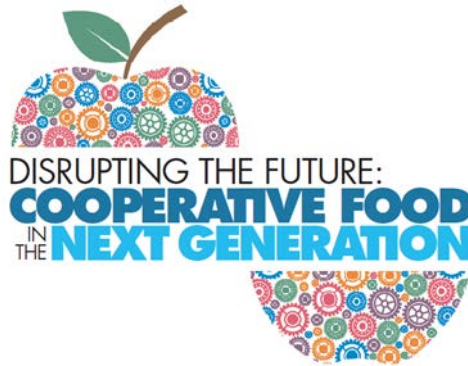


2016 CCMA CONFERENCE REGISTRATION

(Team Full Paid Mail/Fax/Email Registration Form – Minimum of 3 Registrations)



Join NCBA CLUSA and pay member registration rate. Click [here](#) for details.

	Register by April 15	Register after April 15
<input type="checkbox"/> NCBA CLUSA Team Member*	\$705	\$705
<input type="checkbox"/> Nonmember Team*	\$740	\$740
<input type="checkbox"/> Registration Promo Code: _____		

*Available to three or more individuals registering from the same co-op or organization, for instance registering your staff, general manager and board member.

Registrant #1

- 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 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 _____

Registrant #2

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 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 _____

Registrant #3

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 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 _____

Registrant #4

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 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 _____

Registrant #5

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 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 _____

Registrant #6

- 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 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 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.

Cancellation Fees: Conferees canceling their registration before the close of business on **June 1, 2016** will receive a full refund of 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.