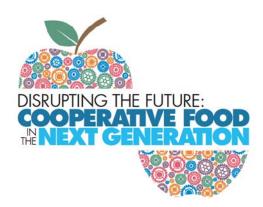
2016 CCMA CONFERENCE REGISTRATION

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





Join NCBA CLUSA and pay member registration rate. Click <a href=here for details.

	Register by April 15	Register after April 15
□ NCBA CLUSA Team Member*	\$705	\$705
□ Nonmember Team*	\$740	\$740
☐ Registration Promo Code:		
*Available to three or more individuals re your staff, general manager and board r		co-op or organization, for instance registering
Registrant #1		
\square I want to make a donation to the E	Bowers Fund Amou	ınt:
☐ I want to enter the Howard Bowers - 1 ticket for \$10 3 tickets for \$25 5 tickets for \$40	s Fund drawing for an A	Apple watch
Name:		
Job Title:		
Employer:		
Address:		
City:	State:	Zip:
Phone:		
Email Address:		
Payment □ MasterCard □ Visa □	American Express ☐ Dis	cover 🗆 Check

Card Number:			
Security Code:	Expiration	n Date:	
Billing Name:			
Billing Address:			
City:	State:	Zip:	
Emergency contact:	Phor	ne:	
Check Your Dietary restriction	ons: 🗆 Vegetarian 🗀 Gluten	r Free □ Vegan □ Dairy Free	
Is this your first time attend	ding the Cooperative Profe	essionals Conference? 🗆 Yes 🗆	No
How did you hear about thi	is conference? Please check a	all that apply.	
☐ Cooperative Grocer N	∕agazine Ad □ Cooperati	ive Grocer Network Website \square Er	mail □ Co-worker
☐ Colleague ☐ NCBA Wel	bsite 🗆 Other		
Registrant #2			
☐ I want to make a dona	ation to the Bowers Fund	Amount:	
☐ I want to enter the Howa - 1 ticket for \$10 - 3 tickets for \$25 - 5 tickets for \$40	ard Bowers Fund drawing for a	an Apple watch	
Name:			
Job Title:			
Employer:			
Address:			
City:	State:	Zip:	
Phone:			
Email Address:			
Payment MasterCar	rd □ Visa □ American Expres	is □ Discover □ Check	
Card Number:			
Security Code:	Expiration	n Date:	
Billing Name:			

Billing Address:			
City:	State:	Zip:	
Emergency contact:	Phon	ne:	
Check Your Dietary restrictions	s: 🗆 Vegetarian 🗆 Gluten	Free ☐ Vegan ☐ Dairy Free	
Is this your first time attendir	ng the Cooperative Profe	essionals Conference? Yes	□No
How did you hear about this c	onference? Please check a	all that apply.	
☐ Cooperative Grocer Ma	gazine Ad Cooperativ	ve Grocer Network Website \Box] Email □ Co-worker
☐ Colleague ☐ NCBA Websi	te 🗆 Other		
Registrant #3			
☐ I want to make a donation	on to the Bowers Fund	Amount:	
☐ I want to enter the Howa - 1 ticket for \$10 - 3 tickets for \$25 - 5 tickets for \$40	ard Bowers Fund drawing	for an Apple watch	
Name:			
Job Title:			
Address:			
City:	State:	Zip:	
Phone:			
Email Address:			
Payment ☐ MasterCard	☐ Visa ☐ American Express	s □ Discover □ Check	
Card Number:			
Security Code:	Expiration	Date:	
Billing Name:			
Billing Address:			
City:	State [.]	7in·	

nergency contact: Phone:
neck Your Dietary restrictions: Vegetarian Gluten Free Vegan Dairy Free
this your first time attending the Cooperative Professionals Conference? Yes No
ow did you hear about this conference? Please check all that apply. Cooperative Grocer Magazine Ad Cooperative Grocer Network Website Email Co-w Colleague NCBA Website Other
gistrant #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
ame:
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ty: State: Zip:
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ling Name:
ling Address:
zy: Zip:
nergency contact: Phone:
neck Your Dietary restrictions: 🗆 Vegetarian 🗀 Gluten Free 🗆 Vegan 🗀 Dairy Free

Is this your first time attending the Coope	erative Professionals C	Conference? ☐ Yes ☐ No	0
How did you hear about this conference? P	lease check all that ap	ply.	
☐ Cooperative Grocer Magazine Ad ☐	Cooperative Groce	er Network Website 🗆 Ema	ail 🗆 Co-worker
☐ Colleague ☐ NCBA Website ☐ Other _			
Registrant #5			
☐ I want to make a donation to the Box	wers Fund Amour	nt:	
☐ I want to enter the Howard Bowers Fu - 1 ticket for \$10 - 3 tickets for \$25 - 5 tickets for \$40	und drawing for an Ap	ople watch	
Name:			-
Job Title:			-
Employer:			-
Address:			
City:	State:	Zip:	-
Phone:			_
Email Address:			_
Payment ☐ MasterCard ☐ Visa ☐ An	·		
Card Number:			_
Security Code:			_
Billing Name:			
Billing Address:			_
City: Sta	te:	Zip:	_
Emergency contact:	Phone:		_
Check Your Dietary restrictions: ☐ Vegetaria	an □ Gluten Free □ \	Vegan □ Dairy Free	
Is this your first time attending the Coope	erative Professionals (Conference? Yes No	0

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: Zip:
Emergency contact: Phone:
Check Your Dietary restrictions: ☐ Vegetarian ☐ Gluten Free ☐ Vegan ☐ Dairy Free
Is this your first time attending the Cooperative Professionals Conference? $\ \square$ Yes $\ \square$ 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 <u>registration@umass.edu</u> 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.

Cancelation 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.