

# Registration Information

**Types of Full Convention Registration** which includes entrance to all professional sessions, exhibit hall events, and the awards luncheon: **First Member** - first person registering from a CCA member college or organization; **Additional Member** - any other person registering for the full Convention after the 1st member; **Spouse/Guest** - spouse/guest of a registrant (not personnel of a member or non-member college); **State Association Staff Executive** - the staff person of a state association; and **Non-member** - not a member of CCA.

**Daily registration** includes entrance to all professional sessions and exhibit hall events for a particular day. No other meal functions are included in the daily fees.

**Extra tickets** may be purchased for Convention events as noted on the registration form.

**Register by mail, by fax, or online at [www.career.org](http://www.career.org).**

**Mail registration form** with payment to CCA, P.O. Box 75068, Baltimore, MD 21275-5068, or to CCA Convention, 1101 Connecticut Avenue, NW, Suite 900, Washington, DC 20036

**Fax registration** with credit card payment to 1-(866) 775-1613.

**Cancellation Policy**—Fees will be refunded only if written notice of cancellation is received at CCA on or before May 9, 2007. In the event of a written cancellation, \$75 of the initial fee will be retained to cover administrative costs.

## Registration Form

### CCA Convention & Exposition Registration Form

June 13 -15, 2007 • New Orleans Marriott • [www.marriott.com](http://www.marriott.com)

555 Canal Street • New Orleans, LA 70130

Reservations: (800) 228-9290 or (504) 581-1000

**Please type or print clearly. Duplicate form for additional registrants. Registration will not be accepted without payment.**

#### R S V P

**Please check one:** (specify which luncheon event you will be attending on Thursday afternoon)

- I will attend Thursday's Awards Luncheon. OR  
 I will attend Thursday's buffet luncheon in the exhibit hall.

Full Name \_\_\_\_\_

Informal/Nickname (for badge) \_\_\_\_\_

Title \_\_\_\_\_

College/Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

(for CCA use only)

**Please indicate the department in which you primarily work.**

- Executive/CEO                       Placement  
 Admissions                               Student Services  
 Education/Faculty                       Other \_\_\_\_\_  
 Financial Aid

**Any special needs for attendees?**

Yes                                       No

If yes, please explain: \_\_\_\_\_

**Circle your registration choice**

	Early bird Rec'd by 4/1/07	Regular 4/1/07-6/1/07	Onsite After 6/1/07 MUST register onsite
1st Member	- \$625	\$625	\$725
Add'l Member	- \$600	\$600	\$700
Spouse/Guest	- \$475	\$475	\$575
State Association Exec.	- \$350	\$350	\$350
Non-member	- \$1,000	\$1,000	\$1,100
Daily-Member*	- \$375	\$375	\$475
Daily-Nonmember*	- \$550	\$550	\$650

Total Registration Fees \_\_\_\_\_

\*For attendance at daily rate, check day(s) desired. (Fee includes exhibit hall functions, but not other meals):

Wednesday       Thursday       Friday

#### Convention Extra Tickets

For individuals not registered as a full convention attendee from list

#### Number of tickets

Exhibit Hall Reception @ \$70 each

\_\_\_\_ Wednesday \$ \_\_\_\_\_

\_\_\_\_ Thursday \$ \_\_\_\_\_

Exhibit Hall Continental Breakfast @ \$40

\_\_\_\_ Thursday \$ \_\_\_\_\_

Exhibit Hall Luncheon @ \$60

\_\_\_\_ Thursday \$ \_\_\_\_\_

\_\_\_\_ Friday \$ \_\_\_\_\_

Awards Luncheon @ \$60 (Thurs.) \$ \_\_\_\_\_

#### Total Extra Tickets

\$ \_\_\_\_\_

#### Foundation Golf Tournament at TPC Louisiana

\_\_\_\_ Golf Tournament @ \$125 each \$ \_\_\_\_\_

\_\_\_\_ Golf Tournament @ \$500 for foursome \$ \_\_\_\_\_

Individuals you'd like to play with in a foursome (if available)

#### Imagine America Foundation Gala & Reception

	Rec'd by 5/1 Contribution	After 5/1 Contribution
* Benefactor Sponsor (8 seats)	\$5,000	\$5,000
Table (8 seats)	\$3,000	\$3,250
Friend (2 seats)	\$ 500	\$ 600

A table at the Benefactor level also gives you:

- Quarter page ad in the Gala program
- Complimentary registration for one person to play in the IAF Golf Tournament
- Company logo in Gala program
- Sponsorship recognition at the Gala
- Signage at the Gala

Note: A portion of your contribution may not qualify for federal tax deduction.

Individuals you'd like to request be seated at your table (if purchasing a full table)

\_\_\_\_ Number of seats being reserved

#### Gala Registration Fees

\$ \_\_\_\_\_

#### Payment

\_\_\_\_ My check payable to CCA for \$ \_\_\_\_\_ is enclosed.

\_\_\_\_ Charge \$ \_\_\_\_\_ to my credit card.

\_\_\_\_ American Express      \_\_\_\_ MasterCard      \_\_\_\_ Visa

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder's Signature (required)

#### For CCA use only

ID # \_\_\_\_\_ Order # \_\_\_\_\_  
 Date Pd \_\_\_\_\_ Ck Amt \_\_\_\_\_ Batch# \_\_\_\_\_