

REGISTRATION FORM

22nd Annual COVA Conference • November 7-10, 2010

Please use a separate form for each registrant (photocopy as needed)

PLEASE TYPE OR PRINT CLEARLY

COVA OFFICE USE REG. NO. DATE

Name _____ Title _____

Organization _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone (_____) _____ Fax Number (_____) _____

E-mail Address _____ I am a Paid Employee Volunteer

For sworn law enforcement officers, please include your PID number _____

SPECIAL ASSISTANCE: Please indicate if you need assistance: _____

How many COVA Conferences have you attended? (circle) 0 1-5 6-10 11-15 16+ All 21!

BOOTH SPACE RESERVATIONS

- Reserve space on the information exchange tables (no fee)
- Reserve table for selling merchandise - Fee: 10% of gross profits and sign contract

REGISTRATION FEES

PRE-CONFERENCE SKILL BUILDING SESSIONS

Complete this section if you are registering for a pre-conference session ONLY OR if registering for a pre-conference session AND the COVA Conference

Please indicate which course you wish to attend:

- Leadership for All of Us
- Understanding the Impact of Trauma on Children
- Why We Don't Arrest Them Both ... and Other Domestic Violence Issues
- Fundraising in Tough Times (and Good Ones, too!)
- Elder Abuse Identification & Investigation

	COVA Member	Non-Member
• Skill Building Course ONLY	<input type="checkbox"/> \$95	<input type="checkbox"/> \$120
WITH COVA Conference Registration by 8/10/10	<input type="checkbox"/> \$285	<input type="checkbox"/> \$340
WITH COVA Conference Registration by 10/15/10	<input type="checkbox"/> \$315	<input type="checkbox"/> \$370

COVA CONFERENCE REGISTRATION ONLY

Complete this section if you are registering for the COVA Conference ONLY and NO pre-conference sessions.

	COVA Member	Non-Member
• Early Registration (Through 8/10/10)	<input type="checkbox"/> \$210	<input type="checkbox"/> \$265
• Regular Registration (8/11/10 to 10/15/10)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$295
• On Site Registration (After 10/15/10)	<input type="checkbox"/> \$270	<input type="checkbox"/> \$325
• On Site Daily Rate	<input type="checkbox"/> \$130	<input type="checkbox"/> \$175

PAYMENT

Check/Money Order (Payable to COVA)
 Purchase Order # _____
 VISA
 MasterCard
 Card Number _____ Expiration Date _____
 Name of Cardholder _____ Signature _____