

FOCAPO 2003 Registration Form

January 12 - 15, 2003

REGISTRANT INFORMATION

Registration ID #: _____
(office use)

Please Print

Check all that apply

Are you a: Speaker/Organizer ☐
Poster Presenter ☐
Attendee ☐
Employed by a CACHE Industrial Affiliate? ☐ (IA's get a 25% reg fee reduction)

Title Professor Dr. Mr. Ms.

First Name _____

Last Name _____

Full Name Preferred on Badge _____

Institution _____

Address 1 _____

Address 2 _____

City _____

State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail _____

Full Names of Accompanying Guests (blank if none)

Guest 1 _____

Guest 2 _____

Guest 3 _____

Estimated Travel Dates _____

Arrival

Departure

CONFERENCE FEES (must be paid in advance)

The registration fee includes one copy of the proceedings, welcoming reception, hospitality, coffee breaks and the conference banquet.

Registration:

Check only one

Standard Registration	\$595	<input type="checkbox"/>	(received by November 15, 2002)
Late Registration	\$695	<input type="checkbox"/>	(received after November 15, 2002)
Graduate Student Registration	\$395	<input type="checkbox"/>	

Conference Events:

Indicate # of events in box

Registrant Meal Plan	\$89 per person	<input type="checkbox"/>	(includes breakfast & lunch M-W)
Meal Plan Guest	\$89 per person	<input type="checkbox"/>	(includes breakfast & lunch M-W)
Guest Reception	\$25 per person	<input type="checkbox"/>	(January 12)
Guest Banquet	\$45 per person	<input type="checkbox"/>	(January 14)

TOTAL AMOUNT DUE: \$ _____

Written cancellations received before December 15, 2002 will be subject to a \$75 administrative fee. No refunds will be made for cancellations made after this date, but substitutes are accepted.

SPECIAL NEEDS

Please indicate any special dietary needs.

Diabetic	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>
Kosher	<input type="checkbox"/>
Other	_____

Accommodations for persons with disabilities will be made if requested and possible. Please identify.

METHOD OF PAYMENT

Check, purchase order or credit card information must accompany registration. Checks and purchase orders must be made out to: **CACHE Corporation**. Please check on payment option.

Check No. _____
Purchase Order No. _____

Please write registrant's name on check

Please write registrant's name on P.O.

VISA _____

Expiration Date (MM/YY)

MasterCard _____

Expiration Date (MM/YY)

**Note that CACHE does not accept American Express or Discover Credit Cards
Fees must be paid in U.S. Dollar only**

HOW TO REGISTER

1. Mail completed registration form, **with payment** to:

Robin Craven
FOCAPO Conference Manager
1825 Leslie Road, #121
Richland, WA 99352
USA
1-509-628-8700 (Pacific Time)

2. Fax completed registration form **with credit card payment** information to 1-509-628-8222

If you are faxing, *do not mail the original registration form.*

Registrants will receive an acknowledgement of their registration from CACHE. **Hotel accommodations must be arranged with the hotel directly.**

QUESTIONS

For questions or special requests, send e-mail to focapo@alliancellc.com or fee free to call Robin Craven, Conference Manager at (509) 628-8700 (Pacific Time).