



Connecticut Recreation & Parks Association, Inc.

57th Annual Conference & Tradeshow

November 20 - 21, 2017 Mohegan Sun Hotel & Convention Center

135 Day Street, 2nd Floor, 2H, Newington, CT 06111 | Phone: 860.721.0384 | Fax: 860.529.8708 | www.crupa.com | info@crupa.com

Department/Organization Contact Information:

Please print clearly: badges will be printed from this information.

*Individuals working for companies or consulting firms who supply products and/or services to parks and recreation agencies are not eligible for this registration category. A Commercial/Vendor exhibit hall booth is required. Please visit www.crupa.com for more information on sponsorships and exhibiting.

Department/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

A. Registration Type: (please circle for each attendee)

*Please note Super Saver and 2 Day delegate packages include Awards Luncheon and Social Tickets. 1 Day Registration includes events on that day only.	Super Saver 2 Nights Committee Members Only <i>Must register by 11/3/17</i>	Super Saver (2 Day + One Monday Night Hotel Room) <i>Must register by 11/3/17</i>	2 Day	1 Day (Indicate Monday or Tuesday on page 2)	Total
Members	n/a	\$510	\$375	\$280	
Non-Members	n/a	\$560	\$425	\$330	
Conference Sub-Committee Chairs	\$520	\$410	\$275	n/a	
Conference Committee Members	\$580	\$435	\$300	n/a	
Conference Volunteers	n/a	\$460	\$325	\$230	
Retired Members	n/a	\$355	\$220	\$175	
Students (First 15 Volunteers free) <i>Early bird discounts do not apply</i>	n/a	\$195	\$50	\$50	
Speakers (Professional members only) (\$60 off per session; main presenter only)	n/a	-\$60 x ____ (# of sessions, max 2)	-\$60 x ____ (# of sessions, max 2)	-\$60 x ____ (# of sessions, max 2)	- ____ x \$60 = \$ ____
Extreme Early Bird Discount Before September 1st	-\$100 per person	-\$100 per person	-\$100 per person	-\$100 per person	- ____ x \$100 = \$ ____
Early Bird Discount Before October 1st	-\$50 per person	-\$50 per person	-\$50 per person	-\$50 per person	- ____ x \$50 = \$ ____
Registrations must be in hand at the CRPA office prior to the date indicated to receive discount					Sub Total Part A:

B. A La Carte:

	Fee	Total	
Extra Social Ticket (Monday)	\$15 x ____		Tickets purchased in this section will be in addition to those included in registration. Please note Super Saver and 2 Day delegate packages include Awards Luncheon and Social tickets. 1 Day registration includes events on that day only.
Awards Luncheon (Tuesday)	\$50 x ____		
Extra Hotel Room (Limited # available - first come, first served) <i>Reservations MUST be made by 11/3/17</i>	\$145 x ____		<input type="checkbox"/> Sunday (# of rooms ____) <input type="checkbox"/> Monday (# of rooms ____)
Sub Total B:			

This is a **TWO PAGE** form. You must submit **BOTH** pages.

Fax: (860) 529-8708

E-Mail: info@crupa.com

Attendee Information: *If you require special accommodations, please indicate so in the space provided. A member of the CRPA staff will contact you to ensure that you receive the most effective means of accommodation.*

1. Name: _____ CPRP CTRS CPSI AFO Other: _____
 Title: _____ Phone: _____ Fax: _____
 E-mail: _____ This is my 1st CRPA Conference Sign me up to room host
 Super Saver *(MUST register by 11/3/17)* 2 Day Monday only Tuesday only Special Accommodations

2. Name: _____ CPRP CTRS CPSI AFO Other: _____
 Title: _____ Phone: _____ Fax: _____
 E-mail: _____ This is my 1st CRPA Conference Sign me up to room host
 Super Saver *(MUST register by 11/3/17)* 2 Day Monday only Tuesday only Special Accommodations

3. Name: _____ CPRP CTRS CPSI AFO Other: _____
 Title: _____ Phone: _____ Fax: _____
 E-mail: _____ This is my 1st CRPA Conference Sign me up to room host
 Super Saver *(MUST register by 11/3/17)* 2 Day Monday only Tuesday only Special Accommodations

4. Name: _____ CPRP CTRS CPSI AFO Other: _____
 Title: _____ Phone: _____ Fax: _____
 E-mail: _____ This is my 1st CRPA Conference Sign me up to room host
 Super Saver *(MUST register by 11/3/17)* 2 Day Monday only Tuesday only Special Accommodations

If more than four delegates are attending, please use additional copies of this form and attach them to this registration.

Total:	
Completed Department/Organization & Delegate Information (Part A & B):	<input type="checkbox"/> Yes
Sub Total Part A: <i>If registering BEFORE September 1st, deduct \$100 per person from your registration fee (not applicable to students) If registering BEFORE October 1st, deduct \$50 per person from your registration fee (not applicable to students)</i>	
Sub Total Part B:	
Registrations must be <u>in hand</u> at the CRPA office prior to the date indicated to receive discount	Grand Total : \$

Payment Information:

Visa MC AMEX Card #: _____ Exp: _____ CVV: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____ Signature: _____
(as it appears on card)

Invoice Me P.O. #: _____ Check Enclosed *(Payable to: CRPA, 135 Day Street, 2nd Floor, 2H, Newington, CT 06111)*

***All payments must be received by October 31, 2017 to be guaranteed hotel reservation/delegate registration.**

Signature: _____ Date: _____

By signing above, the registrant/town/organization agrees to the following payment terms and conditions, waivers, and liability agreements:

1. PAYMENT TERMS: Receipt of registration forms by CRPA will hold departments liable for payment once the registration form is received.
2. All checks/payment must be received by October 31, 2017. Any checks/payments received after this will be subject to an additional \$15 late fee, assessed monthly.
3. CANCELLATIONS: Cancellations must be submitted in writing by October 31, 2017 no later than 4:30 pm and will incur a \$55.00 fee. No refunds will be issued if received by the CRPA office after October 31, 2017.
4. Please note if you do not cancel or do not attend, you are still responsible for payment.
5. PHOTO RELEASE: CRPA, Inc. reserves the right to use photographs of all attendees for marketing purposes including but not limited to: print advertisements, online, and social media.
6. DISCOUNTS: Registrations must be received at the CRPA office by August 31, 2017 to deduct \$100 and by September 30, 2017 to deduct \$50. Registrations received after this date will not receive a discount.
7. SCHOLARSHIPS: Professional Scholarships are available from CRPA for members of the association. Please send a letter of need and request for the scholarship to the CRPA office.
8. Students are defined as anyone who is currently enrolled as a full-time or part-time student pursuing a degree in parks, recreation, conservation, or related subject, and is not simultaneously employed as a full-time professional. Verification must be submitted at the same time as registration.
9. By submitting this form, the registrant agrees that he or she is not a representative working for a company or consulting firm which supplies products and/or services to parks and recreation agencies.
10. By submitting this form, the registrant agrees to hold harmless CRPA Inc., its employees, or conference committee for any injury, loss, or damage that may occur to the registrant, their employees, co-workers, or personal property from any cause whatsoever, prior to, during, and after the conference. The registrant, on signing the contract, expressly releases the above-mentioned CRPA, Inc., its employees, volunteers and committee from any and all claims for such loss, damage, or injury.