



Registration Form  
 County Officers & Deputies Association of Oklahoma 2019 Fall Conference  
 September 11<sup>th</sup>, 12<sup>th</sup>, and 13<sup>th</sup>, 2019  
 Renaissance Hotel & Conference Center, 6808 South 107<sup>th</sup> East Ave, Tulsa, OK 74133

**REGISTER ONLINE! GO TO OKCODA.COM**

Early Registration Deadline: postmarked by **August 16<sup>th</sup>, 2019**

**Registrations are NON-Refundable postmarked after August 16<sup>th</sup>, 2019 (This INCLUDES no-shows)**

1. Please print your name clearly (as it should appear on name badge.) *Register a guest just as you would an employee only under TITLE please enter GUEST. Please attach additional copies of the form if needed.*

County \_\_\_\_\_ Office/Department \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

2.

	Early Registration (postmarked by 8/16/19)	Late Registration (postmarked after 8/16/19 or on site)	#	AMOUNT DUE
Member Elected Official .....	\$100.00	\$125.00	_____	\$ _____
Member Employee/Deputy .....	\$100.00	\$125.00	_____	\$ _____
Member Guest/Spouse .....	\$50.00	\$55.00	_____	\$ _____
Non-Member Elected Official .....	\$125.00	\$150.00	_____	\$ _____
Non-Member Employee/Deputy .....	\$125.00	\$150.00	_____	\$ _____
Non-Member Guest/Spouse .....	\$65.00	\$70.00	_____	\$ _____
BREAKOUT SESSION ONLY.....	\$25.00	\$25.00	_____	\$ _____

DO NOT FORGET TO RETURN THE WORKSHOP REGISTRATION FORM WITH THIS FORM

3. REGISTRATION INSTRUCTIONS:

- Anyone attending ANY part of the conference is required to register. THAT INCLUDES THE BREAKOUT SESSION!**
- You may send one check/PO for multiple registrations
- Cancellations must be submitted in writing to CODA, PO Box 2455, Chickasha, OK 73023.

No refunds after August 16, 2019. (INCLUDING no-shows)

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Check (payable to CODA)  PO

Check or PO # \_\_\_\_\_

**Return Registration Form and Remit Payment To:**

CODA  
 PO Box 2455  
 Chickasha, OK 73023

Phone: 405-816-7484  
 Email: [okcoda@gmail.com](mailto:okcoda@gmail.com)