



Registration Form  
 County Officers & Deputies Association of Oklahoma 2020 Legislative Conference  
 February 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup>, 2020  
 Embassy Suites Hotel & Conference Center, 2501 Conference Drive, Norman, OK 73069

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

Early Registration Deadline: postmarked by **January 17th, 2020**

**Registrations are NON-Refundable postmarked after January 17<sup>th</sup>, 2020 (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 \_\_\_\_\_ Guest \_\_\_\_\_

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

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

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

2.		Early Registration (postmarked by 1/17/20)	Late Registration (postmarked after 1/17/20 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	_____	\$ _____

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 January 17<sup>th</sup>, 2020. (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)