



Vendor Registration Form
 County Officers & Deputies Association of Oklahoma 2019 Legislative Conference
 February 5th, 6th, & 7th, 2019
 Embassy Suites Hotel & Conference Center, 2501 Conference Drive, Norman, OK 73069

REGISTER ONLINE! OKCODA.COM

Registrations are NON-Refundable postmarked after January 18th, 2019

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| 1. | <p>Please print your name clearly (as it should appear on name badge.) Please attach additional forms if needed.</p> <p>Company _____</p> <p>First _____ Last _____ Title _____</p> <p>First _____ Last _____ Title _____</p> <p>First _____ Last _____ Title _____</p> <p>First _____ Last _____ Title _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Fax _____ Email _____</p> |
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| 2. | | | AMOUNT DUE |
| | Single Booth (2 registrations)..... | \$250.00 | \$ _____ |
| | No Booth (2 registrations)..... | \$200.00 | \$ _____ |
| | Additional Booth | \$150.00 | \$ _____ |
| | Additional Name Badge (must select booth/no booth first) | \$ 25.00 | \$ _____ |

ALL EXHIBITORS MUST SIGN AND RETURN THE INCLUDED LIABILITY RELEASE!

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| 3. | <p>REGISTRATION INSTRUCTIONS:</p> <p>1. Anyone attending any part of the conference is required to register</p> <p>2. You may send one check/PO for multiple registrations</p> <p>3. Cancellations must be submitted in writing to CODA, PO Box 2455, Chickasha, OK 73023. No refunds after January 18th, 2019.</p> | <p>TOTAL AMOUNT ENCLOSED \$ _____</p> <p style="text-align: center;"><input type="checkbox"/> Check (payable to CODA) <input type="checkbox"/> PO</p> <p>Check or PO # _____</p> |
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| <p><i>Return Registration Form and Remit Payment To:</i></p> <p>CODA PO Box 2455 Chickasha, OK 73023</p> | <p><i>Phone: 405-816-7484</i> Email: okcoda@gmail.com</p> |
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