

(One registration form
per registrant)

2008
COUNTY ATTORNEYS SPRING TRAINING CONFERENCE

COUNTY/AGENCY: _____

Name: _____ Title: _____

Spouse / Adult Guest (name): _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Fax: _____ e-mail: _____

Cancellation Policy:

Cancellation on or prior to May 30, 2008- No fee

Cancellation received AFTER May 30, 2008- \$40.00 fee

No Show- \$170.00 fee

Reduced Rate: (see Attendee Policy Attached)

\$270.00

\$295.00 after May 30, 2008

Basic Rate:

\$375.00

\$400.00 after May 30, 2008

Conference Attendee Registration fee \$ _____

Adult Guest Fees and Child Guest Fees DO NOT include continental breakfast at the Middle School. Continental Breakfast provided for ATTENDEES ONLY.

Adult Guest Fees:

\$40 for spouse or adult guest (includes Sunday Pizza, Monday BBQ and Tuesday Gull Point dinner)

\$25 for Gull Point Dinner only (Tuesday) (Adult function)

\$15 for Sunday Pizza and Monday BBQ (Adult)

Child Guest Fees:

\$15 for ages thirteen or older (includes Sunday Pizza, Monday BBQ, Tuesday Carnival @ Fillenwarths)

\$10 for ages six to twelve (includes Sunday Pizza, Monday BBQ, Tuesday Carnival @ Fillenwarths)

Free for ages five and under (includes Sunday Pizza, Monday BBQ, Tuesday Carnival @ Fillenwarths)

(PLEASE ENTER THE NUMBER OF GUESTS BELOW, INCLUDING FREE 5 & UNDER)

Adult Fees

	Guests	Amt
Adult Guests @ \$40 each	_____	\$ _____
Adult Guests for Gull Point Dinner ONLY @\$25 each.....	_____	\$ _____
Adult Guests Pizza/BBQ only @ \$15 each.....	_____	\$ _____

Child Fees

(Gull Point Tuesday dinner is an **ADULT ONLY** function)

ages 13 or older @\$15 each.....	_____	\$ _____
ages 6-12 @ \$10 each.....	_____	\$ _____
Free for ages 5 and under.....	_____	\$ <u>-0-</u>

Total Guest fees..... \$ _____

Total Guest fees enclosed..... \$ _____

Total Guest fees Due..... \$ _____

General Information:

- Unless payment for registration is enclosed with this form, you will be sent an invoice.
- Claim vouchers requiring signatures should be enclosed with this registration.
- Please make checks payable to **Iowa County Attorneys Association (ICAA).**

• Mail form to:

Iowa County Attorneys Association

1st Fl., Hoover State Office Bldg.

Des Moines, Iowa 50319

OR FAX to: 515-281-4313 OR call: 515-281-5428

OR e-mailto: pbaker@ag.state.ia.us