

(One registration form
per registrant)

2017
COUNTY ATTORNEYS SPRING TRAINING CONFERENCE

COUNTY/AGENCY: _____

Name: _____ Title: _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Fax: _____ e-mail: _____

Cancellation Policy:

Cancellation on or prior to June 2, 2017- No fee

Cancellation received ON/ AFTER June 2, 2017- \$40.00 fee

No Show- \$170.00 fee

Reduced Rate: (see Attendee Policy Attached)
\$325.00
\$350.00 after June 2, 2017

Basic Rate:
\$430.00
\$455.00 after June 2, 2017

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:

\$50 for spouse or adult guest (includes Sunday Pizza, Monday BBQ and Tuesday Gull Point dinner)

\$35 for Gull Point Dinner only (Tuesday) (**Adult function**)

\$25 for Sunday Pizza and Monday BBQ (Adult)

Child Guest Fees:

\$20 for ages thirteen or older (includes Sunday Pizza, Monday BBQ, Tuesday Carnival @ Fillenwarths)

\$15 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 *

• **ADULT GUEST NAME:** _____

	Guests	Amt
Adult Guests @ \$50 each	_____	\$ _____
Adult Guests for Gull Point Dinner ONLY @\$35 each.....	_____	\$ _____
Adult Guests Pizza/BBQ only @ \$25 each.....	_____	\$ _____
(Gull Point Tuesday dinner is an ADULT ONLY function)		
Child Fees		
ages 13 -17 @\$20 each.....	_____	\$ _____
ages 6-12 @ \$15 each.....	_____	\$ _____
Free for ages 5 and under.....	_____	\$ -0-
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
2nd Fl., Hoover State Office Bldg.
Des Moines, Iowa 50319

OR e-mailto: peg.bowman@iowa.gov
OR FAX to: 515-281-6771 (Attn: PATC)
OR call: 515-281-5428