

# REGISTRATION FORM

## N.D. REC OFFICE MANAGERS AND ACCOUNTANTS ASSOCIATION CANAD INNS DESTINATION CENTRE GRAND FORKS

### REGISTRATION INSTRUCTIONS

- Please complete a separate registration form for each person who plans to attend from your cooperative. This is due to the additional contact information needed by July 17 for each participant as it relates to the DiSC online assessment and the "Understanding Your Leadership Style" professional development program on Aug. 11. There is a \$100 fee/person for the DiSC assessment; this will be billed back to your cooperative.
- The golf outing is arranged for 6 p.m. on Thursday, Aug. 10, at King's Walk. The twilight rate green fee is \$25 plus \$10 for a riding cart, and is good for 9 or 18 holes of golf. Golfers are encouraged to play 9 holes (or as many as you like before dusk).
- The costs for meals and refreshment breaks will be billed back to your cooperative, along with the \$100/person fee for the DiSC online assessment and final report for each participant.
- Please make your room reservations with the Canad Inns Destination Centre Grand Forks no later than July 17. The block of sleeping rooms is reserved for Aug. 9 and 10 under "N.D. REC Office Managers and Accountants." Remember to mention the Group Identification #448705 when making your room reservation to receive the group rate.
- The room rate is \$99/night. Call 701-772-8404 or 1-888-33-CANAD to make your room reservation.
- Please return completed registration form to Pamela Clark-Stein via fax at 701-663-3745 or e-mail pstein@ndarec.com by July 17. Online registration will also be available at www.ndarec.com.

Name	Welcome reception Aug. 9	Dinner Aug. 9	Golf at King's Walk Aug. 10
1. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION FOR: UP TO 8 DIRECT REPORTS IF YOU ARE A SUPERVISOR

Name	Email address	Direct phone or cell number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

### PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION FOR: UP TO 3 PEERS IF YOU ARE NOT A SUPERVISOR

Name	Email address	Direct phone or cell number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

System Name: \_\_\_\_\_

**BILLING AND CANCELLATIONS:** If you need to cancel a registration, please contact Pamela Clark-Stein at least 48 hours in advance of the meeting.

In case of a no-show, your cooperative will be billed for the costs of meals, refreshment breaks and the \$100 fee/person for the DiSC online assessment tool.

