



Event Name: _____

Company Name _____

Contact Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

BCCOC Member Prospective Member or Guest

Event Cost: \$ _____

Total Due: \$ _____ Charge Credit Card

Card Type: Visa MC AMEX DISC Card#: _____

Expiration Date: _____ Security Code: _____

Card Billing Address: _____ City: _____

State: _____ Zip: _____ Card Holder's Name: _____

Cardholder's Signature: _____

Registration and Refund Policy: Registration is required for all events. Event cancellations must be received no fewer than 3 business days prior to the event, to receive a refund, unless otherwise specified on the event registration. Events must be paid for in advance. BCCOC does not invoice for events. Members are encouraged to pay at the time of registration to guarantee their reservation. Persons representing Non-Member companies may be eligible to attend a maximum of 3 events within 90 consecutive days and must pay in advance for all events.