

PCOA Convention 2021

December 5 - 8, 2021 The Penn Stater Conference Center Hotel, State College PA

Campground Name _____ Region _____
Address _____ Phone _____
City _____ State _____ Zip _____
Email _____ Cell Phone _____

REGISTRATION:

PCOA Members -

Before Nov. 1: Early Bird Special	_____ @ \$265.00 per person	\$ _____
Adults After Nov. 1	_____ @ \$325.00 per person	\$ _____
Children 5 - 12 (under 5 no charge)	_____ @ \$ 90.00 per child	\$ _____
Monday Trade Show & Dinner	_____ @ \$110.00	\$ _____
Tuesday Only	_____ @ \$120.00	\$ _____
Wednesday Only	_____ @ \$ 105.00	\$ _____
Non-Members Full Registration	_____ @ \$395.00	\$ _____
Non-Members Trade Show Only	_____ @ \$100.00 per campground	\$ _____
Monday Trade Show ONLY**	_____ @ \$ 65.00 per campground**	\$ _____

**** (use this option if you are ONLY signed up for Pesticide Seminar (see gold form) or ONLY coming for the trade show. Do not use this option if anyone from your campground is otherwise registered.**

ADDITIONAL :

Pesticide Test [insert total from gold form if taking test(s)] \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Check here if you are attending for the first time _____

****Before you send in payment--call the PCOA office if you have any questions! 610-767-5026**

Info for badges - PLEASE PRINT first and last name. If you have CPO or OHEP designation, please indicate.

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

_____ *Check here if you do not permit convention snapshots to be used*

NOTE: Room reservations should be made directly with the **Penn Stater Hotel and Conference Center. Their direct number is 814-863-5000. Central Reservations is 800-233-7505. Be sure to mention you are with the Pennsylvania Campground Owners Association, Code PACO21A.** Room rate is \$120.00. The deadline for group rate is November 12, 2021.

Mail in registration as soon as possible to: PCOA, 415 Taylor Dr., Suite 302, East Stroudsburg, PA 18301. Please keep one copy for your records.

Payment method: Check# _____	Credit Card - _____ Visa _____	Master Card _____	Disc _____	AmEx _____
Card # _____	(Please print clearly)			
Expiration Date _____ (MM/YY)	3-digit Security # (on back of card) _____			
Name on Card _____	_____			
Billing Address _____	Billing Zip Code _____			