



Conference Registration Form



2008 AACCA Course

December 20, 2008

Cincinnati Convention Center
525 Elm Street, Cincinnati, OH 45202

9:00 AM- 1:00 PM

Please complete one form per coach.
All information must be completed.

Coach/Advisor Name _____

School/Organization _____

Coach/Advisor Address _____

City _____ State _____ Zip Code _____

Coach/Advisor Phone _____ Cell Phone _____

Coach/Advisor Fax _____

Coach/Advisor E mail _____

<u>COURSE</u>	<u>FEE</u>	<u>Number of coaches</u>	<u>TOTAL FEES</u>
AACCA Testing	\$75/\$55 per coach		

Deadline is 2 weeks prior to course date.

AACCA course = \$75 includes manual, course and testing/ \$55 includes course & testing

Check one of the following (**NO PURCHASE ORDERS ACCEPTED**):

Check enclosed Check No. _____ (payable to UCA) Mastercard Visa American Express

Name on Credit Card: _____ Account No. _____

Signature _____ Expiration Date _____

If you have any questions, please contact Heather (hkennedy@uca.com)

UCA

3857 Kilbourne Ave

Cincinnati, OH 45209

Phone- 513.827.6042

Fax- 513.827.6044