



2024 Mid-Year Registration

July 24 - 27, 2024 • Grand Traverse Resort & Spa, Acme, MI

Registrant Information

Register no more than one couple per page

Office Use Only

Date In _____

Amount In _____

Confirm _____

1. Registrant's Name _____ Badge Name _____
 2. Spouse/Guest Name _____ Badge Name _____
 3. Youth 1 Name _____ Age _____ Badge Name _____
 4. Youth 2 Name _____ Age _____ Badge Name _____
 Company _____ Title _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Cell Phone _____

Registration Fees

All attendees must be registered

I'm a First-time Conference Attendee

Registration Category	By 6/15/24	After 6/15/24	Subtotal
Owner/Employee Member	\$695	\$795	
Spouse/Guest (18 years old and above)	\$495	\$595	
Youth (7 - 18)	\$325	\$425	
Youth (under 6)	\$0	\$0	
Optional Activities <i>Please enter registrant's number (1-4) from above</i>	Fees	Registrant #	
PCCA Golf Tournament (Fri.)	\$130		
Golf Club Rental (Tues.)	\$60		
<input type="checkbox"/> Mens <input type="checkbox"/> Womens <input type="checkbox"/> Right <input type="checkbox"/> Left			
Afternoon Sail on Tall Ship Manitou (Thurs.)	\$100		
Old Mission Wineries Tour (Thurs.)	\$120		
Downtown Traverse City Shopping Tour (Fri.)	\$40		
	Total Fees		

Dietary Restrictions

Please include the registrant name(s) and restriction(s)

Registration Info

- Email this registration form to registration@pccaweb.org
OR
- Mail this registration form with payment to:
PCCA
PO Box 638
Churchton, MD 20733

Cancellation Policy

There is no charge for cancellations received before 6/15/24. After that date, no refunds will be given. Please confirm cancellation and refund request in writing.

PCCA Fees

Payment must accompany this registration in the form of a check or credit card. Payment must be received by June 15, 2024, for early discount.

Check *Please make payable to PCCA* MasterCard VISA AMEX

Credit Card Number _____ Expiration _____ V-code _____

Cardholder Name _____ Signature _____

CC Billing Address _____

Hotel Registration

Credit card is required to reserve rooms. This is a separately charged item. Card Type: MasterCard VISA AMEX

Credit Card Number _____ Expiration _____ V-code _____

Cardholder Name _____ Signature _____

Check-in Date _____ Check-out Date _____

Hotel Guestroom \$309 | Tower Guestroom \$349

King Bed 2-Queen Beds

Questions?

Call us at (800) 542-PCCA