



2024 Mid-Year Registration

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

Office Use Only

Date In _____

Amount In _____

Confirm _____

Registrant Information Register no more than one couple per page

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 <small>Please enter registrant's number (1-4) from above</small>	Fees	Registrant #	
PCCA Golf Tournament (Fri.)	\$130		
Golf Club Rental (Tues.) <input type="checkbox"/> Mens <input type="checkbox"/> Womens <input type="checkbox"/> Right <input type="checkbox"/> Left	\$60		
Afternoon Sail on Tall Ship Manitou (Thurs.)	\$100		
Old Mission Wineries Tour (Thurs.)	\$120		
Downtown Traverse City Shopping Tour (Fri.)	\$40		
Total Fees			

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.

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

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 _____

Room Type

Hotel Guestroom \$309 | Tower Guestroom \$349
 King Bed 2-Queen Beds

Questions?

Call us at (800) 542-PCCA