

NEBRASKA COOPERATIVE COUNCIL

2010
 DIRECTOR CERTIFICATION
 PROGRAM
 & GRADUATE DIRECTOR SEMINAR
 Registration Form

OFFICE USE ONLY

Date: _____

Amount: _____

Check # _____

DCP: _____

GDS: _____

<u>Date</u>	<u>Program</u>	<u>Location</u>
January 5, 2010	DCP Phases 1 & 3	Kearney - Holiday Inn
January 6, 2010	DCP Phases 2 & 4	Kearney - Holiday Inn
January 7, 2010	GDS2	Kearney - Holiday Inn

Registration: 8:30 a.m.; Workshops – 9:00 a.m. to 3:30 p.m.
DCP participants: Each phase is a day-long program.

REGISTRATION PROCEDURES

Managers are asked to register all participants. Individuals who are not pre-registered are more than welcome to attend. For these individuals, cooperatives will be billed directly. Registration fees will not be collected the day of the workshop.

Advance Registration Discount... Available for each one-day session to all participants who are pre-registered. To receive this discount, the pre-registration form and fee must be received in the Council's office **by December 22, 2009** for DCP and **by December 24, 2009** for GDS.

Cancellations... contact Deb at the Council office at 402/475-6555.

DCP: Full refunds through January 1st. Partial refunds up to noon, January 2nd. No refunds after this time.

GDS: Full refunds through January 3rd. Partial refunds up to noon, January 4th. No refunds after this time.

Overnight Accommodations... Should be made directly with the Holiday Inn at 308/237-5971.

PARTICIPANTS:

<u>Name</u>	<u>Date(s) to Attend</u>	<u>Program(s) to Attend</u>
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2
_____	_____	DCP1 DCP2 DCP3 DCP4 GDS2

REGISTRATION FEE... Total number of phases/programs: _____ @ \$ _____ * each = \$ _____

*Fee schedule: Member Pre-registration (if rec'd by Dec 22nd for DCP and Dec 24th for GDS). \$ 220
 Member General Registration. \$ 245
 Non-member Registration. Add \$100 to appropriate fee listed above

Cooperative: _____ **Town:** _____

Mail Registration Fees and Form to: Nebraska Cooperative Council
 134 South 13th Street, Suite 503, Lincoln, NE 68508-1901

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.