**2020 ICPC REGION 2**

**REGIONAL TRAINING SEMINAR (“RTS”)**

**REGISTRATION - February 10th - 13th 2020**

**I. Registration Fee**

The registration fee covers the cost of the conference itself (presentations, materials, etc.). It includes the full schedule of classes (not room and meals).

Chaplain Registration Fee: $ 195.00 for ICPC members

$ 295.00 for non-members (**DOES NOT** include ICPC membership)

Please Note: Registration and payment is due and must be received by **January 6, 2020**.

**Late Registration Fee after that date: Add $40.00 ☹**

**EARLY REGISTRATION …PRIZES see PAGE 4 😊**

Please also note that we are able to take Visa/MasterCard payments again

but **we will absorb the credit card fees.**

See page 4 for details.





**II. Lodging and Meals Fee**

This year’s ICPC Region 2 Conference will again be held at the beautiful Cannon Beach Conference Center in Cannon Beach, Oregon. This is a beautiful conference facility on the beach and is self-contained so all of our needs are met in one location. Bring your spouse! They will appreciate the training as well as the time away with you.

You have several choices of rooms. Some rooms can accommodate several people. If you choose that option, you will save costs as indicated in the list below.

**Please note that this price is in addition to the registration fee**

**and is per person (not per night).**

**It covers all 3 nights of lodging, plus 3 breakfasts, 1 lunch, 3 dinners,**

**plus coffee with snacks throughout the day.**

All of our meals and training will be in the Pacific View Lodge. Please note that there are no TV’s, radios, or landline phones in the rooms.

**Rooms and Prices (Per Person)**

The Room Rates are listed below on the Lodging and Meal Reservation Form. Rooms will be assigned on a first come, first served basis. Please let us know if you need wheelchair access.

**No reservation is complete until payment is received**

**Lodging and Meal Reservation Form**

*(Please use one form for each attendee - husbands and wives may be on the same form)*

**ICPC Region 2 Conference**

**February 10-13, 2020 Cannon Beach Conference Center**

If you choose to find your own lodging somewhere else, you may still choose to take meals at the Conference Center. And an additional facility fee is charged by CBCC that covers up-keep, coffee cleaning etc… Please return this form along with the ICPC registration form.

**One attendee per form please (except for husbands and wives). Even if from the same department!**

**No reservations can be held without payment**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.  
**Address:** Click here to enter text. **City:** Click here to enter text. **State:** Click here to enter text.**Zip Code:** Click here to enter text.  
**Home Phone:** Click here to enter text. **Cell Phone:**  Click here to enter text.  
**Email Address:** Click here to enter text.  
**Name of spouses if attending:** Click here to enter text.

**Name of your Department or Agency:** Click here to enter text. **\*Are you a FIRST TIMER to the RTS?**   **YES**   **NO**

**STEP ONE (of TWO Steps): Please choose from the following:**

I will stay at the Conference Center and take my meals there (one package price).

PLEASE NOTE: If you select this box, please mark your choice for lodging and list the name/names of the people you are rooming with on the following page if you choose the option of 2+ to a room. *Please make sure you have “pre-arranged” sharing a room those persons.*

I will be staying at following different location: Click here to enter text.

Though I will be staying at a different location, I would like to take meals with the others at the Conference Center. This package price includes 3 breakfasts, 1 lunch, 3 dinners, coffee, water bottles, and snacks. The cost is $175.00 for each person.

I have special dietary needs.

NOTE: If you have special dietary needs please inform the Conference Center as follows: Go to the conference center web page, [www.cbcc.net](http://www.cbcc.net), select the “Conferences” tab. From the drop-down menu select “Meal Rates & Info” near the top of the page select “Special Diet Request Page” (it is in blue). Once on the request page select “Special Diet Request Form” again in blue near the top of the page. Fill out the form and submit.

**STEP TWO (of TWO STEPS) Choose your Lodging**

**Pacific View Lodge**# Guests Per Room Rate Per Guest

1 $380

2 – 4 $335 each

**Pacific View Lodge—Bunk Rooms (Very small rooms with private baths)**# Guests Per Room Rate Per Guest

1 $320

2 – 4 $290 each

**Beach Front**# Guests Per Room Rate Per Guest

1 $380

2 – 5 $335 each

Please put this group of people together (Double Check they were notified and confirmed).

**Name:** Click here to enter text. **Contact (email):** Click here to enter text.

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**Name:** Click here to enter text. **Contact (email):** Click here to enter text.

**Name:** Click here to enter text. **Contact (email):** Click here to enter text.

**Total Registration Fee:**

Registration fee for ICPC members $195.00 $ Click here to enter text.

Registration for non-members $295.00 $ Click here to enter text.

(**Does** **NOT** include ICPC membership)

1. Package price for selected lodging and meals $ Click here to enter text.
2. Meals only package price $175.00 $ Click here to enter text.
3. Banquet only price $ 32.00 $ Click here to enter text.

(Only select #3 if 1 or 2 were not selected)

1. If staying off site add $45.00 Facility Fee $Click here to enter text.
2. Off-site Spouses attending $25.00 Facility Fee $ Click here to enter text.

**Late Registration *after January 6th* $40.00**  $ Click here to enter text.

**TOTAL for registration, and/or lodging & meals: $** Click here to enter text.

Payment Options:

Check (made payable to “ICPC Region 2”)

Purchase order (Paid by January 8th, 2019)

Department Name: Click here to enter text.

Department Address: Click here to enter text.

Department Phone Number: Click here to enter text.

Credit Card

Name on Card Click here to enter text. Expiration Click here to enter text. Month/YR

Card Number Click here to enter text. Billing Zip Code Click here to enter text.

Amount Click here to enter text. CID\* Click here to enter text. (3 digit number on back of card)

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 Signature

**The Cannon Beach Conference Center requires us to make meal and lodging reservations well in advance of the conference. Thank you for getting this information and your payment to us on time.**

**Please Mail Or Email pages two, three, and four of this registration form with your payment to:**

**Sue Neil**

**ICPC Region 2 - RTS Registrar  
2 Raft Island Drive**

**Gig Harbor, WA 98335**

[**sueneil748@gmail.com**](mailto:sue@mdneil.com)

**EARLY REGISTRATION - PRIZE DRAWING**

**By October 1st** three tickets in the drawing

**By November 1st** two tickets in the drawing

**By December 1st** one ticket in the drawing

* Cabela’s gift card $200
* Crossfire Vortex 10x42 Binoculars $170.00 value
* Gift basket $150.00 value.

***Note: Under the Oregon DOJ no license is required to hold a raffle unless the value of the prize is more than $600.00.***