



Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Camp/Center/Program \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Business Phone \_\_\_\_\_

Nickname to be used \_\_\_\_\_  This will be my 1<sup>st</sup> ECCC Annual Conference

Names/Titles of others attending: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Conferee’s Total Package, including program, meals and lodging:

Double Occupancy..... @ \$680 ..... \$ \_\_\_\_\_

Single Occupancy (limited)..... @ \$800 ..... \$ \_\_\_\_\_

2<sup>nd</sup> & 3<sup>rd</sup> Registration:

Double Occupancy..... @ \$630 x number... \$ \_\_\_\_\_

Single Occupancy (limited)..... @ \$750 x number... \$ \_\_\_\_\_

Early Bird Discount - \$50 per camp/center – (if received before 10/15/11) ..... \$ – \_\_\_\_\_

Non-Member\*\* Additional Fee ..... @ \$100 x number... \$ \_\_\_\_\_

\*\* - Not representing a dues paying center/camp/program

Late Registration Fee per person (received after 12/17/11)..... @ \$50 x number... \$ \_\_\_\_\_

Transportation

- Please check if you will not need transportation provided.....

- If you will need transportation to/from the Birmingham International Airport (BHM)  
.....round-trip @ \$75 x number \$ \_\_\_\_\_

Check payable to ECCC, Inc.

Mail to ECCC  
P.O. Box 2320  
Julian, CA 92036

TOTAL PAYMENT \$ \_\_\_\_\_

Full Payment Must Accompany This Registration

If you need financial assistance to attend the conference, please contact Bill Slocumb at [staff@episcopalccc.org](mailto:staff@episcopalccc.org)