



# CELA Virtual Conference Registration Form

March 17-19, 2021

First and Last Name \_\_\_\_\_

Credentials \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

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

Special Accommodations (i.e. hearing impaired) \_\_\_\_\_

Not an CELA member, want to renew your membership or have general conference questions? Please contact the CELA office by phone at 919-674-4185 or email [staff@thecela.org](mailto:staff@thecela.org).

**How would you like to hear from CELA Conference, 2021 exhibitors and sponsors?**

Email- please share my email address only

Mail- please share my mailing address only

None- I would prefer not to be contacted

**Registration and participation in the CELA 2021 Annual Conference, constitutes an agreement by the registrant to CELA's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videos, electronic reproductions and audio recordings of such events and activities.**

**Registration deadline is March 16, 2021.**

FULL CONFERENCE RATES	Early Bird	Regular	Late
	Nov 2 -Feb 1	Feb 2 - Mar 1	Mar 2 - Mar 16
<input type="checkbox"/> CELA Member	\$299	\$349	\$399
<input type="checkbox"/> Non Member	\$399	\$449	\$499
<input type="checkbox"/> Student	\$149	\$149	\$249
<input type="checkbox"/> Non Presenting Student	\$99	\$99	\$125
<input type="checkbox"/> Non Presenting Emeritus	\$99	\$99	\$125

Total Conference Registration Fee: \$ \_\_\_\_\_

**Attendee Refund / Cancellation Policy**

Until February 2, 2021, conference registration fee is refundable, minus a \$75 administration fee. After February 2, 2021, CELA will refund 50% of registration fee. After March 3, 2021 no refunds will be granted and name substitutions will be allowed. No refunds or credits will be given to "no shows" .

**Complete this registration form and return with payment to:**

Mail: CELA, 110 Horizon Drive, Ste 210, Raleigh, NC 27615

Email: [staff@thecela.org](mailto:staff@thecela.org)

Fax: 919-459-2074

**Payment Information:**

Payment must accompany registration form in order for the registration to be processed.

Check # \_\_\_\_\_ (payable to CELA)

Visa     MasterCard     AmEx     Discover

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

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