



Joining Forces to Deliver Outstanding Vacation Services

51st Semi-Annual C.A.R.E. Conference
Scottsdale, AZ
September 25-29, 2010

REGISTRATION INFORMATION:

C.A.R.E. Member# _____ Non Member _____

Please complete information as it is to be listed on C.A.R.E. List of Attendees:

Company Name _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Fax: _____ Email: _____
Web Address: _____ Company Description (25 words or less for attendee list):

Conference Attendees: Please Circle One: Spouse/Guest Attendees:
_____ Full/Sat/Sun/Mon _____
_____ Full/Sat/Sun/Mon _____
_____ Full/Sat/Sun/Mon _____
_____ Full/Sat/Sun/Mon _____
_____ Full/Sat/Sun/Mon _____

If more than 5 attendees please check here _____ and list them on a separate sheet of paper.
Please indicate first time attendees with a star (*)

CONFERENCE FEES:

- C.A.R.E. Member (Full Conference) Received by 08/27/10.....\$275.00
C.A.R.E. Member (Full Conference) Received by 09/10/10.....\$325.00
C.A.R.E. Member (Full Conference) Received after 09/10/10...\$425.00
Guest/Spouse (evening functions only) Received by 09/10/10...\$250.00
Guest/Spouse Late Fee (after 09/10/10)..... \$350.00
Non-Member..... \$725.00
Saturday 09/25/10 (Members Only-Daily Registration)..... \$125.00
Sunday 09/26/10 (Members Only-Daily Registration).....\$180.00
Monday 09/27/10 (Members Only-Daily Registration).....\$180.00

Attendance of individuals under the age of 18 is NOT permitted at evening functions.

**REGISTRATION INFORMATION RECEIVED AFTER 09/10/10 WILL NOT BE INCLUDED ON LIST OF ATTENDEES

By registering for and/or attending a Cooperative Association of Resort Exchangers, Inc., (C.A.R.E.) event, function or conference:
I/We, our heirs, executors, administrators, and assigns hereby voluntarily release, discharge, waive and relinquish any and all
actions or causes of action against C.A.R.E., its facilities, or any of its officers, directors, employees or agents for personal
injury, personal property damage, or wrongful death occurring to me/us as a result of my participation in or attendance to any
C.A.R.E. event or conference, and/or any activities incidental thereto wherever or however the same may occur.

I/We hereby grant C.A.R.E. and C.A.R.E. approved entities the unrestricted right and permission to use and publish photographic
portraits, video images, or pictures taken during the conference for C.A.R.E. promotional purposes only. I/We hereby relinquish any
right that I/we may have to examine or approve the advertising copy, video or printed matter that may be used in conjunction
therewith.

I/We hereby understand and agree that any persons under the age of 18 are not permitted to attend any C.A.R.E. event or function.

CONFERENCE INFORMATION:

Saturday Optional Tours: Please complete and send the attached form with separate payment

Saturday’s Dinner Choices: (Please account for all persons registered for Saturday).

_____ **Roasted Lemon Chicken: Lemon scented Breast of Chicken with a Thyme Pan Jus**

_____ **Flat Iron Steak: Mesquite Grilled with a Red Wine Reduction**

_____ **Vegetarian Dinner (TBA by Chef)**

Sunday Meet Conference Attendees: Pre-scheduled Appointments

10 Companies (two representatives per company per appointment) meet with Industry Leaders

Appointments will be scheduled on a first come-first served basis

_____ **Please schedule my company for this appointment**

MONDAY –Resort Tour: Registration is required!

_____ **Number of attendees requiring C.A.R.E. sponsored transportation. Please keep in mind that C.A.R.E. books and pays for transportation based on your response.**

TUESDAY- C.A.R.E. Volunteer Opportunity-St. Vincent de Paul Society

_____ **Number of attendees committed to attend and requiring transportation.**

PAYMENT PROCESSING:

COMPANY NAME: _____

Conference Fees: _____

Marketplace Fees: _____

Total Amount: _____

ALL FUNDS IN U.S. DOLLARS; REGISTRATION MUST BE RECEIVED NO LATER THAN 09/10/2010. NO REFUNDS or CREDITS UNDER ANY CIRCUMSTANCES.

Mail to: C.A.R.E. c/o Bonnie Kosco, P.O. Box 2803, Harrisonburg, VA 22801

Be kind to C.A.R.E.....save organizational costs...pay by check if possible!

(Fax: 703-814-8527 for Credit Card Payments)

Ck# _____ CC# _____

Type _____ Exp. _____ V-code _____ C.A.R.E. now accepts: Visa, Master Card & American Express

For room reservations, call: The Scottsdale Resort, Scottsdale, AZ. Phone 480-948-5000 or 800-832-2025. Identify yourself as a member of the Cooperative Association of Resort Exchangers (C.A.R.E.).

Single or Double Rate:

\$179.00++

Room Block Cut-Off Date: August 23, 2010.

Space is booked on a first come, first served basis, so book early!

Airport Information: Phoenix Sky Harbor (PHX)

Transportation Information:

Shuttle: Approximately \$20.00 each way. Call for shuttle upon arrival at airport.