

NEW YORK DECA

**STATE CAREER
CONFERENCE**

REGISTRATION PACKET



MARCH 10-12, 2010

NEW YORK DECA
STATE CAREER CONFERENCE
Rochester Riverside Convention Center
Rochester, New York
March 10-12, 2010

MEMORANDUM

TO: New York DECA Chapter Advisors
FROM: Ellen Katz, Mary Peres
SUBJECT: S.C.C. Registration Materials

Enclosed in this packet you will find the following materials relating to the 2010 State Career Conference. Please read all materials thoroughly before completing each item.

1. Letter to Advisors (General Information)
2. Registration Summary Sheet
3. **Revised Cancellation Policy Statement-**
4. Room Registration Form – **For your personal use ONLY**. Actual registration is done electronically using a spreadsheet provided on the web.
5. Cancellation Form
6. Explanation of the NEW YORK DECA Code of Conduct
7. NEW YORK DECA Code of Conduct (**Located Fall Packet reproduce as needed--one full document is required for EVERY student**)
8. NEW YORK DECA Dress Code
9. Health Form One document is needed for **EVERY** student.
10. NEW YORK DECA Activity and Conference Responsibilities for Adult Advisors and Chaperones
11. Room Damage Checklist--
12. NEW YORK DECA Conference Hotel Responsibility
13. Emergency Information

**NEW YORK DECA
STATE CAREER CONFERENCE**
Rochester Riverside Convention Center
Rochester, New York
March 10-12, 2010

Enclosed are the required State Career Conference Registration Forms that will be used by you and your students. Please fill out paper documents LEGIBLY and COMPLETELY, (typing preferred) supplying ALL information requested. In order to process your registration and eliminate any problems at the time of your arrival, please check and double check your forms, electronic and paper, to be certain that nothing has been omitted.

1. CONFERENCE REGISTRATION:

Reservations and all room assignments will be made from a spreadsheet that you need to submit in the EXCEL format. The template for the required spreadsheet may be found on the web at www.newyorkdeca.org under the "Conferences" button. In the "Conferences" window select "SSC" along top of that window. Once completed, the spreadsheet must be sent as an e-mail attachment to decareg@aol.com web e-mail address for this purpose ONLY. It is, therefore, imperative that all information be accurate. Please note this is the ONLY e-mail address that this may be sent to.

Electronic chapter registration materials are to be

**RECEIVED ON-LINE NO LATER THAN,
FEBRUARY 3, 2010.**

decareg@aol.com

Be certain that the number of students and adults entered in the Room Registration spreadsheet agrees with the Registration Summary Sheet.

Paper chapter registration materials are to be

POSTMARKED, FEBRUARY 3, 2010.

**NEW YORK DECA CAN NOT AND
WILL NOT
EXTEND CREDIT TO ANY CHAPTER
ALL BILLS MUST BE PAID BY THE DUE DATE!**

Please send the following by e-mail or mail as indicated.

E-MAIL
(as an attachment)
decareg@aol.com
Registration Summary
Box Lunch Order Form
Room Registration Spreadsheet

MAIL (U.S.P.S.)
(in paper format to)
Ellen Katz

Calhoun High School

1786 State Street

Merrick, New York 11566-2900

Registration Summary Sheet
NEW YORK DECA Conference Hotel Responsibility Agreement
Emergency Information Form

SCHOOL CHECK

PURCHASE ORDERS WILL NOT BE ACCEPTED!

Questions?
Ellen Katz-decareg@aol.com

516-992-1315

**ALL REGISTRATION MATERIALS MUST BE
E-MAILED FOR DELIVERY BY
FEBRUARY 3, 2010**

**OR
MAILED WITH A POSTMARK OF
FEBRUARY 3, 2010**

DEADLINE DATES APPLY TO ALL ADVISORS AND PARTICIPANTS!
NEW AND OLD ...DEADLINE DATES ALONG WITH CHAPERONE RATIO~~~~WILL BE ENFORCED

2. CONFERENCE PAYMENT:

As noted above, your **SCHOOL** check must be included in the mailing with your other forms. This mailing must be postmarked by February 3, 2010. Please make checks payable to **New York DECA**.

The prices quoted are for the duration of the conference **ONLY**. They include the room as well as six meals (starting with dinner on Wednesday and ending with lunch on Friday).

The Board of Trustees has implemented a policy regarding payments for conference rooming. **You are REQUIRED to pay for the exact number of rooms for which you have students registered.**

For example, if you have registered 7 students, you must pay for 4 at the quad rate and 3 at the triple rate.

You may request a 4th student be added to the triple to make a quad. If Ellen Katz is able to accommodate your request, you will receive a refund following the conference.

Failure to comply with this policy will void your registration and it will be returned to you without action and your chapter will be unable to attend the conference.

QUESTIONS-----ELLEN KATZ decareg@aol.com

3. HOUSING ASSIGNMENTS:

Housing will be at the Radisson Hotel (former Clarion Hotel), the Hyatt Hotel, and the Crowne Plaza Hotel, Rochester, NY. Boys and girls will be housed on the same floors. In this way advisors will be housed with their entire chapters. Regions will be housed in the same general area wherever possible.

NOTE:

You are REQUIRED to have ONE ADULT registered for every TEN (10) STUDENTS. This WILL BE ENFORCED ADULTS MUST BE HOUSED IN THE SAME HOTEL AS THEIR STUDENTS. CHAPERONES/ADVISORS MUST STAY AT THE SAME HOTEL AS THEIR STUDENTS.

4. CHECK-IN PROCESS:

Check-in will take place in the main lobby check-in desk of the hotel to which you will be assigned. Included in the package is the option to arrive at the Hotel after 3:30 p.m. on

Tuesday should your travel plans require that. The additional fee is \$123.00 per room at the Radisson Hotel and the Crowne Plaza Hotel; and \$133.00 at the Hyatt Hotel, regardless of the number of occupants. Early arrivals will have a continental breakfast on Wednesday. Groups arriving on Tuesday will have the same room assignment for the entire stay. Every effort shall be made to room Tuesday arrivals at the Radisson Hotel first, then the Crowne Plaza Hotel next . If this is not possible, you will be advised of this fact and billed for the additional cost (\$10 per room).

5. ACCOMMODATIONS:

Under the contract, student accommodations are QUADS. The hotel has indicated it will be able to provide a limited number of TRIPLE accommodations at a rate of \$497.00 per student. TRIPLES will be assigned on a first-come, first serve basis. The most common room layout is two double beds.

STUDENTS WILL BE SHARING THE SAME BED.

PLEASE THINK BEFORE YOU ROOM STUDENTS.....PLAN ACCORDINGLY!

No roll away beds will be provided simply because members of your chapter would prefer not to sleep two in a bed.

If roll a-ways are ordered you will be charged the triple rate for that room.

6. CANCELLATION POLICY STATEMENT
EFFECTIVE IMMEDIATELY

REFUNDS CAN ONLY BE ISSUED IF THE
REGISTRATION CHAIRPERSON IS ALERTED

TEN (10) DAYS

March 1, 2010

PRIOR TO THE START OF THE CONFERENCE.

YOU MAY SUBSTITUTE

BOY FOR BOY

GIRL FOR GIRL

48 HOURS PRIOR TO THE START OF THE
CONFERENCE.

THIS IS HOTEL POLICY

AT BOTH THE STATE AND NATIONAL LEVEL

ALL REFUND REQUESTS MUST MEET THIS TIME LINE AND
BE IN WRITING TO

DECAREG@AOL.COM

THERE ARE NO EXCEPTIONS!

IT IS STRONGLY ADVISED THAT YOU CC YOUR BOARD REP
AND YOURSELF WHEN SENDING IN A CANCELLATION NOTICE

Cancellations should be made known to me **AS SOON AS POSSIBLE**. Please email Ellen Katz at decareg@aol.com Ellen will need to know the name(s) of the student(s) canceling, and, if you are making a substitution (**same sex only**).

NOTE 1: Failure to notify Ellen Katz BY 3/1/2010 of any cancellations or change in rooming will result in the forfeiture of any refund. Refunds are only issued if the cancellation is ten days out. The cancellation fee of \$100 still applies.

NOTE 2: There is a Board of Trustees policy that a cancellation fee of \$100.00 per person be assessed on all cancellations received ten days prior to the conference. (3/1/10)

NOTE 3: Any additional rooming fees resulting from a cancellation will be charged to the Chapter in addition to the \$100.00 cancellation fee above, and it may well mean changing the occupants of that room to join another chapter. The Hotel will make these changes as needed. Therefore, it is best to locate a substitute student.

NOTE 4: In the event of the cancellation of an entire chapter, any refund will be based upon what fees may be recovered through negotiations with the host facility less the required cancellation fee.

7. ARRIVAL PROCESS:

Upon arriving at the Radisson Hotel, the Hyatt Hotel, or the Crowne Plaza Hotel for registration, only the ADVISOR and CHAPTER PRESIDENT (or designee of each) should go to the Registration Desk; students are to remain on the bus, van, etc. Therefore, please know the number of students and adults in your delegation. Remember, if you cancel an individual on-site, there is NO REFUND

ANY NON-REPORTED REGISTRATION PROBLEMS WILL BE HANDLED ON A TIME AVAILABLE BASIS--you and your chapter may be delayed considerable amounts of time if you fail to report all problems ahead of time. Any no-shows, cancellations or substitutions not called in ahead of time will take time to complete.

After registering, the Advisor and Chapter President will return to the bus to distribute all necessary materials. Advisors are reminded that a form has been included to list any room damage you might find upon ENTERING the rooms. Reproduce as many copies of this form as you are requesting rooms PRIOR to arriving at the hotel. Be sure to return this form promptly. Damages not reported promptly will become the occupant's responsibility. (Additional information concerning this form is contained in item 12 following)

8. LUGGAGE AND MARKING:

All luggage, materials, and any other items must be clearly labeled with the individual's name, school and school address. Experience tells us that things get lost and without this identification it is improbable that your materials will be returned.

9. ALL INDIVIDUALS MUST PREPAY:

Once the initial conference registration form has been submitted and prepaid, NO ADDITIONS should be made. The ONLY changes that will be permitted will be to replace a cancellation with a substitution of the same sex. Please be certain that a student or adult name does not appear on more than one registration form even though students may be rooming with students from another chapter. In these cases, simply attach a note explaining any sharing arrangement in the e-mail portion of your submission.

The Radisson Hotel, the Hyatt Hotel and the Crowne Plaza Hotel will do **ALL** rooming assignments. **New York DECA has NO control of the process at all.** All delegates have the responsibility to immediately inform their advisor, registration and security chairpersons if there is a connecting room with members of the opposite sex. Advisors or the school appointed adult MUST immediately report a problem with connecting rooms.

If you do not want a student arbitrarily assigned to one of your rooms when making a quad, you should make the arrangement yourself. If you have one, two or three students and need others to make a quad, call chapters local to you to finalize your rooming.

10. TUESDAY ARRIVALS:

If you plan to arrive on Tuesday, there will be an additional charge of \$123.00 per room for the Radisson Hotel and the Crowne Plaza Hotel or \$133.00 for the Hyatt Hotel.

11. CODE OF CONDUCT:

Every student **MUST** complete an official Code of Conduct Form. This form is to be left at the home school. All Advisors **MUST** submit a signed affidavit by their building Principal stating that all Code of Conducts are on file at the school. This signed affidavit must be presented at the time of Contest Registration and each form will be verified by the Security Committee. Schools arriving without the signed Code of Conduct Affidavit may be disqualified from competition and sent home. This is a **REQUIRED** form for EACH school-**SEE FALL PACKET**

12. **HEALTH FORMS** must also be turned in at this time. Failure to bring signed emergency health forms will result in the student being sent home. No student may stay at the conference **without a signed health form on file.**

(download this form at www.newyorkdeca.org)

13. NEW YORK DECA CONFERENCE HOTEL RESPONSIBILITY

AGREEMENT:A copy of this form must be signed by both the advisor and your school's principal. When you download this form from the website you will see that it is a three copy form. If you look at the bottom of the form, the first copy is to be signed and brought to your regional board rep during the verification process. The second copy is to be signed and retained by the chapter advisor. The third copy is to be signed and retained by the school principal. In this way there can be no doubt that all parties have read, signed, and agreed to the statement.

NO REGISTRATION SHALL BE ACCEPTED WITHOUT THIS SIGNED NEW YORK DECA CONFERENCE HOTEL RESPONSIBILITY AGREEMENT.

The above “agreement” addresses the “Room Damage Check List” which is also available on the web. One such form should be completed for EVERY ROOM that you have students and adults occupying. Without this form properly filed, you will have NO DEFENSE against claims made by the hotel for damages and as such you will be held responsible.

14. EMERGENCY INFORMATION FORM:

This form must be completed indicating the name(s) and contact information for an administrator(s) so as to provide 24-hour coverage for the full duration of the time your chapter is at the conference. If your administrators will be taking turns being “on-call” then you may need to reproduce this form for additional pages.

NO REGISTRATION SHALL BE ACCEPTED WITHOUT THIS EMERGENCY INFORMATION FORM

Please assure your administrator(s) that this contact information is for emergency use only and will NEVER be shared for any reason with outside sources or agents.

15. BOX LUNCHES:

Box Lunches will be available for those who need to leave immediately following the Grand Awards Session on Friday. Please note that these box lunches MUST be preordered at the time of REGISTRATION, not at the time of your arrival. Please complete this form with your electronic registration. (second folder tab at the bottom of the spreadsheets)

NO BOX LUNCHES MAY BE ORDERED AFTER FEBRUARY 2, 2009.

16. SPREADSHEET TEMPLATE:

The registration process requires the use of a spreadsheet that you fill in and send electronically as an e-mail attachment. The process is exactly the same as that used for your membership registration. The template spreadsheet will be available on the state website www.newyorkdeca.org under “Conferences” for use in the process. This template is available in Microsoft EXCEL. Please use this template as it has been formatted to provide all data needed to complete the registration process. Failure to submit your hotel reservations electronically will cancel your registration.

To download the required template, log into the website www.newyorkdeca.org. The homepage will load. Then look for the “Conference” button among the buttons on the left side of the page. Click on “SCC” and look for the file you will use. This is important. DO NOT LEFT CLICK TO OPEN THESE FILES. It is essential that you download the file to your computer first. When the pointer (finger) points to your file, RIGHT click on it. This will open a menu where the third item is “Save target as”. Click on this option and download the file to the location of your choice.

When you look at the spreadsheet you will see basic instructions on the top rows. Following are alternating shaded areas in groups of 4 rows. Each of these shaded areas represents one hotel room. Fill in one row for a single, 2 rows for a double, 3 rows for a triple and four rows for a quad. Fill in ALL information requested for each person you are registering for a hotel room. Please note the codes you are asked to use. For example in the RED “code line” you see

under "Room Capacity" "T=Triple". This means that for a triple room, simply place the letter "T" in the cell. The others work the same way.

A suggestion to make the process a bit easier is to input cols. "B" thru "H" first, remembering that each shaded area is one ROOM. Then go back and fill in cols. "I", "J", and "K" once on the first line. Then "fill down" into all used rooms. It is perfectly O.K. to put this data into rows that are not used by a student or adult. For example your room may well be a single, meaning that you only used the first of the four rows for that room, leaving the other 3 blank. There will be no problem if your school, region and advisor name appears on the 3 unused lines for that room.

You will actually see three worksheets in the template. **Look at the tabs at the bottom of these.** The first worksheet is a Registration Summary. You simply need to fill in the few shaded areas. The worksheet will do the math for you. Once completed, click on the tab at the bottom of the second worksheet to find the Box Lunch Order Form. If you are NOT ordering box lunched please complete the form and enter the word "NONE" for quantity. Finally click on the third tab to bring up the Hotel Registration worksheet.

**THE FOLLOWING DOCUMENTS ARE TO BE
PRESENTED TO YOUR REGIONAL BOARD
REPRESENTATIVE BY FEBRUARY 19, 2010**

**YOUR REGIONAL REP WILL SET THE DATE TIME
PLACE AND LOCATION TO SUBMIT DOCUMENTS**

**FAILURE ON YOUR PART TO PRODUCE THESE
DOCUMENTS FOR EACH STUDENT PLANNING TO
ATTEND WILL RESULT IN YOUR CHAPTER HAVING
THEIR HOTEL REGISTRATION RETURNED.**

AS OUTLINED BELOW

**NO CHAPTER MAY ATTEND SCC WITHOUT HAVING
THE DOCUMENTS PRE APPROVED**

**YOU MUST BRING A COPY OF YOUR HOTEL
REGISTRATION FILE TO THE REGIONAL CHECK IN**

Student Name: _____ Chapter: _____

NEW YORK DECA CONFERENCE VERIFICATION FORM

Name of Conference: _____

Date of Verification: _____

Region _____

Place of Verifiacion _____

Item	Advisor Signature	Regional Representative Signature	Regional Representative Signature	Date Submitted
2010 Code of Conduct 26 Item Document				
Health Form				
Advisor Designee Form				
Hotel Responsibility Form				
Emergency Contact Form				
Principal Memo				

*All Advisors will be given a copy of this signed document.

Student Name: _____ Chapter: _____

REGISTRATION SUMMARY SHEET

NEW YORK DECA
STATE CAREER CONFERENCE
Rochester Riverside Convention Center
Rochester New York
March 10-12, 2010

Chapter Name: _____

Arrival Date: _____ Estimated Arrival Time: _____

PLEASE RESERVE THE FOLLOWING ACCOMMODATIONS

____ **Adults** for **SINGLE** Accommodations @ \$647.00 each _____

____ **Students** for **DOUBLE** Accommodations @ \$545.00 each _____

____ **Students** for **TRIPLE** Accommodations @ \$497.00 each _____

____ **Students** for **QUAD** Accommodations @ \$446.00 each _____

____ Singles for Tuesday @ \$123.00 _____

____ Doubles for Tuesday @ \$69.00 _____

____ Triples for Tuesday @ \$51.00 _____

____ Quads for Tuesday @ \$45.00 _____

TOTAL AMOUNT ENCLOSED \$ _____

Advisor's Name: _____

School Telephone Number: _____

Home Telephone Number: _____

Advisor E-Mail Address: _____

Student Name: _____ Chapter: _____

**NEW YORK DECA
STATE CAREER CONFERENCE**
Rochester, New York
March 10-12, 2010

WORK COPY

ROOM REGISTRATION FORM

WORK COPY

Chapter: _____ Region: _____ Page ____ of ____

Last Name	First Name	M / F	<u>Room Type</u>
			Single _____
			Double _____
			Triple _____
			Quad _____

Last Name	First Name	M / F	<u>Room Type</u>
			Single _____
			Double _____
			Triple _____
			Quad _____

Last Name	First Name	M / F	<u>Room Type</u>
			Single _____
			Double _____
			Triple _____
			Quad _____

Last Name	First Name	M / F	<u>Room Type</u>
			Single _____
			Double _____
			Triple _____
			Quad _____

A \$100. cancellation fee will apply to all SCC cancellations received ten days prior to the start of the conference.

Refunds are only issued if Ellen Katz is notified prior to 3/1/10.

There are NO refunds issued for any reason after this date!

Room substitutions only!

MALE/MALE---FEMALE/FEMALE

This applies to both SCC AND ICDC

Student Name: _____ Chapter:

BOX LUNCH ORDER FORM

The _____ DECA Chapter plans to take advantage of the Box Lunch Option.

_____ Number of Box Lunches needed.

Scheduled Departure Time _____

School Name _____

Region _____

Chapter Advisor _____

This form must be turned in with your official registration.

Box lunches can not be ordered on site.

Stu



Chapter: — **New York DECA**
Conference Hotel
Responsibility Agreement

PART 1

Please type or print

Conference Name: _____

School Name: _____

Address: _____

Advisor's Name: _____

Principal's Name: _____

PART II

Agreement Statement

The signature of both the principal and the advisor on this form indicates that both parties have discussed with the School's DECA chapter, the financial responsibility pertaining to the Chapter's rented rooms at this DECA/NEW YORK DECA sponsored conference.

This signed form acknowledges that responsibility, on the part of the school, the DECA chapter, the students, and the parent(s)/guardian(s) to be financially responsible for any and all damages to the rooms at the conference hotel that have not been reported on the room damage form, a form which will be completed by the students and chapter advisor upon arrival at the conference hotel.

 Signature of Principal

 Signature of Advisor

 Date

 Date

This form MUST be mailed to the Conference Registration Chairperson with your room reservations. Failure to provide this completed form will result in the cancellation of all reservations.

Copy 1 – Registration Chairperson Copy 2 – Chapter Advisor Copy 3 – School Principal

Student Name: _____

Chapter: _____

NEW YORK DECA

PRINICIPAL MEMO

For your reference, the following procedures are in place for each and every New York DECA/ DECA Conference.

- At each New York DECA/DECA Conference it is the responsibility of the Advisor or adult assistants to conduct a nightly room check in. This check in is to take place at curfew.(11:30 PM)
- Each student is required to sign in at curfew.
- This “sign in sheet” is to be hand delivered on a nightly basis to the New York DECA Security Chairperson.
- Upon submission of the sign in sheet, the Advisor/Adult Assistant must sign a verification form stating that each student from their chapter is safe in their rooms.

If an Advisor /Adult Assistant fail to turn in the bed check sheets and sign in with the Security Chairperson , as Principal of _____ High School you will be notified.

I _____ have discussed the contents of this memo with _____ the Chapter Advisor from _____ High School. _____ Chapter will comply as outlined.

Principal Signature _____ Date _____
Advisor Signature _____ Date _____

Student Name: _____ Chapter: _____

NEW YORK DECA
Health Information Form

Student's Name _____ Date of Birth _____

Parent's/Guardian's
Name _____

Home Phone () _____ Work Phone () _____

Cell Phone (____) _____

Emergency Contact _____ Phone _____

In the event that a parent cannot be reached, please list a name and phone number of another person that can be contacted in an emergency situation:

In the event of a medical emergency, the procedure will be to call the parent or guardian, time permitting, before taking the student to a physician or hospital. However, when neither parent can be reached, this form may permit the hospital to perform treatment.

We/I _____ hereby give permission for the New York DECA advisor(s) or designee to transport my/our child to or from a physician or hospital for emergency treatment.

We/I _____ hereby give permission for the DECA advisor(s) or designee to sign any consents which may be necessary to allow hospital personnel and/or a licensed physician to examine my/our child and perform any emergency procedures, treatment or surgery which may be necessary and to consent to the administration of any drugs or medication necessary to such emergency care.

My/our child _____ is allergic to the following drugs and/or medications: (If none, so state)

My/our child _____ is in good physical health and has no ailments or maladies except: **(If none, so state)**

List any and all medications which must be taken:

We/I hereby agree to hold New York DECA free and harmless from and indemnify New York DECA for any expenses incurred in the rendering of such care and treatment and from any liability, which may arise as the result of such care, and treatment.

Date: _____ Health Insurance Policy Name: _____

Number: _____

Parent/Guardian Signature(s) _____

ADVISOR/AND/ OR/ SCHOOL DESIGNEE SECURITY FORM

Student Name: _____ Chapter:

I -----, as a New York DECA advisor,
and/or/school

supervisor designee hereby agree to uphold and enforce the New York DECA Code of Conduct and the accompanying Advisor /and/or/School Supervisor Designee Pathways of Action for Emergency and Non-Emergency Situations, and all New York DECA rules, policies and procedures at the State Career Conference, As an advisor and/or/school supervisor designee I agree to and accept the responsibility of supervising and overseeing the students assigned to me for the duration of the conference. I further agree that I will have each student assigned to me initial and/or sign a curfew compliance form indicating that the student was in his/her room at curfew each night of the conference.

I will provide a completed curfew compliance form to New York DECA security by the end of my shift each evening. I have read and fully understand the aforementioned New York DECA Code of Conduct and Advisor/and/or/School Supervisor Designee Pathways of Action for Emergency and Non-Emergency Situations, and I agree to obey and comply with the guidelines set forth therein, the New York DECA By-Laws and Constitution, and New York DECA policies and procedures in addition to all applicable laws, rules and regulations. My failure to enforce the Code of Conduct, the terms of this Agreement and the documents referred to herein, and/or any New York DECA rule and policy may result in disciplinary action taken against me.

AGREED AND ACCEPTED

Date: _____

Advisor Signature _____

Principal Signature _____

Student Name: _____ Chapter: _____

In case of any emergency involving the advisor(s) and chaperone(s) from this chapter, it may be essential to be able to contact a school administrator. With this in mind, please complete the form below in order to provide us contact to an administrator 24 hours per day while the conference is in session. This information shall be held in the strictest of confidence and shall be used ONLY in case of an emergency situation.

In case of an emergency, the following local administrator(s) should be contacted:

Name _____

Title _____

School Phone _____

Home Phone _____

Hours Available _____

Name _____

Title _____

School Phone _____

Home Phone _____

Hours Available _____

Student Name: _____ Chapter:

Official DECA Dress Code

From the opening session until the end of the closing session, students, advisors and professionals shall adhere to the following Dress Code requirements. It is the Chapter Advisor's responsibility to see that their students, professionals and themselves comply with the rules established for proper dress code. Advisors should monitor their students' dress at all functions. Professional business dress should be worn to all events where a judge or observer may be in attendance. This will include participating events as well as testing. Business representatives, press personnel, hotel staff and guests will be seeing DECA's finest members—show them a professional business image.

Professional Business Attire/When Appearing Before Judges

Females

Official DECA blazer with dress skirt or dress slacks and a dress blouse or official

DECA blazer with a dress

Dress shoes (no tennis shoes or flip-flop sandals) and hosiery/trouser socks

Males

Official DECA blazer/suit blazer with dress slacks, collared dress shirt and necktie

Dress shoes (no tennis shoes or flip-flop sandals) and socks

Testing

Females

Business suit or blazer with dress blouse and dress skirt or dress slacks or business dress

Dress shoes (no tennis shoes or flip-flop sandals) and hosiery/trouser socks

Males

Business suit or sport coat with dress slacks, collared dress shirt and necktie

Dress shoes (no tennis shoes or flip-flop sandals) and socks

An official DECA blazer is required to receive recognition/an award on stage.

Dance Attire

Casual slacks or jeans with blouse, shirt or t-shirt and shoes

The following are unacceptable during DECA activities:

Skin-tight or revealing clothing

Midriff-baring clothing

Clothing with printing that is suggestive, obscene or promotes illegal substances

Athletic clothing

Swimwear

Student Name: _____

Chapter: _____

NEW YORK DECA FORMS ROAD MAP

NAME OF FORM	WHO IS REQUIRED TO SUBMIT	WHERE/WHEN
Code of Conduct A-Z <u>26 ITEM</u>	All Students	Prior approval by Regional Rep by 2/19/10 <u>**See Fall Packet**</u>
Health Form	All Students	Prior approval by Regional Rep Presented On -Site Rochester Convention Center
Advisor/Designee Security Form	All Adults/Chaperones	Prior approval by Regional Rep Presented On-Site Contest Registration Convention Center March 10, 2010
New York DECA Emergency Information Form	All Advisors/Chaperones	Prior approval by Regional Rep Presented On Site Convention Center Contest Registration

Student Name: _____ Chapter:

Room Check In Sheet	All Chaperones	At Curfew /Room Check ***See Fall Packet*** March 10-12, 2010 CURFEW IS 11:30PM
Hotel Responsibility Form	One Per Chapter	Prior approval by Regional Rep by 2/19/10 With registration
Principal Memo	One Per Chapter	Prior approval by Regional Rep by 2/19/10 Presented On-Site Contest Registration Convention Center March 10, 2010

**ALL FORMS CAN BE LOCATED IN THE FALL INFORMATION
PACKET**