



# Regional Conference Associate Registration Form

Please return to the NACA Office with payment. Fill out one form per region.

NACA • 13 Harbison Way • Columbia, SC 29212 • 803-732-6222 • Fax 803-749-1047

- NACA Central     
  NACA Mid America     
  NACA Mid Atlantic  
 NACA Northeast     
  NACA Northern Plains     
  NACA South     
  NACA West

FOR NACA OFFICE USE ONLY	
BT-ID	_____
Date	_____ Amt _____
Clk/CC/Track #	_____
iMIS	_____ Op _____
Batch	_____

Company/Firm/Agency Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Event Contact (if different from above) \_\_\_\_\_ On-Site Phone Number \_\_\_\_\_

Event Contact E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Campus Activities Marketplace (CAMP)	Campus Activities Marketplace (CAMP) Fees:				
	Item Purchased	Fee is For	Cost	Quantity	Total Cost
	Booth Preferences <i>(see map for corresponding event)</i> 1. _____ 2. _____ 3. _____	Exhibit Space Only	\$235		
	Booth Demo	See Page 28	\$160	Only 1 Necessary per event	
	Attraction Space— Must still have Exhibit Booth <i>(Available at Central, Mid America Northeast &amp; West only)</i>	See Page 26	\$220	Only 1 Necessary per event	
Please describe booth demo <i>(required; demos must be approved)</i> : _____ _____					
Please describe attraction in attraction space <i>(required; must be approved)</i> : _____ _____					
<b>Note:</b> Please see insurance requirements for Booth Demos and Marketplace Attractions on Page 28.					

SHOWCASE	Showcase Applications (do NOT include Sonicbids submissions):	
	Send submissions to Showcase Selection Coordinator <i>(info provided on corresponding event page)</i>	
	1. _____	6. _____
	2. _____	7. _____
	3. _____	8. _____
	4. _____	9. _____
	5. _____	10. _____
	Attach any additional acts on a separate sheet.	
	Number of hard copy Showcase Applications _____	x \$65 = Total for Showcase Submissions \$ _____
	Number of Training Showcase Applications _____	x \$30 = Total for Training Showcase Submissions \$ _____

Passes for Attendees: Each person attending **must** purchase a pass. **The booth fee purchases exhibit space only.**

**TYPES OF PASSES:**

**Full Registration:** You must purchase one of these for your booth. This covers this delegate for all days of the event and allows them access to all activities in which they wish to participate. It also includes one provided meal each day. *(Please refer to schedule on Page 3 for particular meals provided)*

**Day Passes:** Allows delegate access to all activities in which they want to participate and meal provided for the day in which they have the pass.

**CAMP-Only Pass (sold per day):** Allows the delegate access to the CAMP only and no meals are provided.

**REGISTRATION FEES**

Event	Full Registration Early Fee		Full Registration Regular Fee		Day Pass	CAMP-Only
NACA South	Before Sept. 11, 2008	\$165	After Sept. 11, 2008	\$190	\$80	\$35
NACA Central	Before Sept. 25, 2008	\$165	After Sept. 25, 2008	\$190	\$90	\$35
NACA Mid Atlantic	Before Oct. 2, 2008	\$175	After Oct. 2, 2008	\$201	\$90	\$35
NACA Mid America	Before Oct. 9, 2008	\$155	After Oct. 9, 2008	\$178	\$90	\$35
NACA Northeast	Before Oct. 16, 2008	\$180	After Oct. 16, 2008	\$207	\$99	\$35
NACA West	Before Oct. 23, 2008	\$165	After Oct. 23, 2008	\$190	\$90	\$35
NACA Northern Plains	Before March 12, 2009	\$150	After March 12, 2009	\$173	\$90	\$35

**DELEGATE INFORMATION**

Delegate 1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Passes for Delegate 1**

**Full** (1 Required; see corresponding event for fee).....\$ \_\_\_\_\_

**CO-OP Breakfast (Northern Plains Only)**  No  Yes \$15 .....\$ \_\_\_\_\_

Please choose one of the following for the two dinners that are available at the conference:

Chicken  Vegetarian  Vegan Please list any food allergies: \_\_\_\_\_

**TOTAL FEES FOR DELEGATE 1:** .....\$ \_\_\_\_\_

Delegate 2 Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Passes for Delegate 2**

**Full** (see corresponding event for fee) .....\$ \_\_\_\_\_

**Day Pass** \$ \_\_\_\_\_  Thur  Fri  Sat (one day only).....Total \$ \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Thur  Fri  Sat .....Total \$ \_\_\_\_\_

**CO-OP Breakfast (Northern Plains Only)**  No  Yes \$15 .....\$ \_\_\_\_\_

Please choose one of the following for the two dinners that are available at the conference:

Chicken  Vegetarian  Vegan Please list any food allergies: \_\_\_\_\_

**TOTAL FEES FOR DELEGATE 2:** .....\$ \_\_\_\_\_

Additional delegates on following page.

**PAYMENT INFORMATION**

**MISCELLANEOUS FEES**

Fee Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**TOTAL FEES INCLUDED**

Total CAMP Fees .....\$ \_\_\_\_\_

Total Showcase Application Fees .....\$ \_\_\_\_\_

Total All Delegates .....\$ \_\_\_\_\_

**TOTAL TO PAY BY:**  CHARGE  CHECK ENCLOSED .....\$ \_\_\_\_\_

**CREDIT CARD INFORMATION**

VISA  MasterCard  American Express

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

ADDITIONAL DELEGATES

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Passes for Delegate**

**Full** (see corresponding event for fee) ..... \$ \_\_\_\_\_

**Day Pass** \$ \_\_\_\_\_  Thur  Fri  Sat (one day only).....Total \$ \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Thur  Fri  Sat .....Total \$ \_\_\_\_\_

**CO-OP Breakfast** (Northern Plains Only)  No  Yes \$15 ..... \$ \_\_\_\_\_

Please choose one of the following for the two dinners that are available at the conference:

Chicken  Vegetarian  Vegan Please list any food allergies: \_\_\_\_\_

**TOTAL FEES FOR DELEGATE:** ..... \$ \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Passes for Delegate**

**Full** (see corresponding event for fee) ..... \$ \_\_\_\_\_

**Day Pass** \$ \_\_\_\_\_  Thur  Fri  Sat (one day only).....Total \$ \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Thur  Fri  Sat .....Total \$ \_\_\_\_\_

**CO-OP Breakfast** (Northern Plains Only)  No  Yes \$15 ..... \$ \_\_\_\_\_

Please choose one of the following for the two dinners that are available at the conference:

Chicken  Vegetarian  Vegan Please list any food allergies: \_\_\_\_\_

**TOTAL FEES FOR DELEGATE:** ..... \$ \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Passes for Delegate**

**Full** (see corresponding event for fee) ..... \$ \_\_\_\_\_

**Day Pass** \$ \_\_\_\_\_  Thur  Fri  Sat (one day only).....Total \$ \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Thur  Fri  Sat .....Total \$ \_\_\_\_\_

**CO-OP Breakfast** (Northern Plains Only)  No  Yes \$15 ..... \$ \_\_\_\_\_

Please choose one of the following for the two dinners that are available at the conference:

Chicken  Vegetarian  Vegan Please list any food allergies: \_\_\_\_\_

**TOTAL FEES FOR DELEGATE:** ..... \$ \_\_\_\_\_

Delegate Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Passes for Delegate**

**Full** (see corresponding event for fee) ..... \$ \_\_\_\_\_

**Day Pass** \$ \_\_\_\_\_  Thur  Fri  Sat (one day only).....Total \$ \_\_\_\_\_

**CAMP-Only** Quantity: \_\_\_\_\_ @ \$ 35 per day  Thur  Fri  Sat .....Total \$ \_\_\_\_\_

**CO-OP Breakfast** (Northern Plains Only)  No  Yes \$15 ..... \$ \_\_\_\_\_

Please choose one of the following for the two dinners that are available at the conference:

Chicken  Vegetarian  Vegan Please list any food allergies: \_\_\_\_\_

**TOTAL FEES FOR DELEGATE:** ..... \$ \_\_\_\_\_