



# NACA National Convention

Feb. 13-17, 2010 • Boston, MA

## School & Affiliate Delegate Early Registration Form

Fax 803-749-1047 • Phone 803-732-6222 • [www.naca.org](http://www.naca.org)

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

**THIS FORM WILL NOT BE ACCEPTED AFTER JAN. 22nd.**  
**YOU MAY REGISTER ONLINE UNTIL FEB. 4th.**  
**AFTER JAN. 22nd, RATES INCREASE AND YOU MUST REGISTER ONLINE OR ON SITE.**

Attendee information submitted on this application will be provided to Convention exhibitors.

My school is a:  Member  Non-Member

School/Affiliate Member: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### REGISTRATION FEES & DEADLINES

**Full Registration—EARLY** (received by Jan. 22, 2010) Members .....\$309 Non-Members .....\$386

**Full Registration—REGULAR** (received after Jan. 22, 2010) Members .....\$355 Non-Members .....\$444  
 Regular registrations must be done online or on site unless approved in advance by the NACA Office. Please contact [memberrelations@naca.org](mailto:memberrelations@naca.org) with requests or concerns.

**DAY PASS (Limit 2)** (fees listed are per day) Members .....\$120 Non-Members .....\$165

Day Passes purchased by the early deadline will include any provided meals. Day Passes purchased after the early deadline will not include meals.

DELEGATE INFORMATION	TYPE OF REGISTRATION <i>(check one only)</i>	FEE <i>(see above)</i>	PROF. DEV. LUNCH	DIVERSITY DINNER	TOTAL PER DELEGATE
<b>1.</b> _____ Title: _____ E-mail: _____ I am (check all that apply): <input type="checkbox"/> Staff <input type="checkbox"/> Undergraduate <input type="checkbox"/> Grad Student <input type="checkbox"/> The On-Site Block Booker <input type="checkbox"/> NACA First-Timer <b>SPECIAL MEAL REQUEST:</b> <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan NOTE: If you do not eat certain types of meat, you should select the Vegetarian option. Food Allergies: _____	<input type="checkbox"/> Full Registration <input type="checkbox"/> Day Pass <i>(limit two)</i> <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY	\$ _____	<input type="checkbox"/> \$40 (Sun.)	<input type="checkbox"/> \$35 (Mon.)	\$ _____
<b>2.</b> _____ Title: _____ E-mail: _____ I am (check all that apply): <input type="checkbox"/> Staff <input type="checkbox"/> Undergraduate <input type="checkbox"/> Grad Student <input type="checkbox"/> The On-Site Block Booker <input type="checkbox"/> NACA First-Timer <b>SPECIAL MEAL REQUEST:</b> <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan NOTE: If you do not eat certain types of meat, you should select the Vegetarian option. Food Allergies: _____	<input type="checkbox"/> Full Registration <input type="checkbox"/> Day Pass <i>(limit two)</i> <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY	\$ _____	<input type="checkbox"/> \$40 (Sun.)	<input type="checkbox"/> \$35 (Mon.)	\$ _____
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**CONTINUED ON PAGE 2**

School/Affiliate Member: \_\_\_\_\_

DELEGATE INFORMATION	TYPE OF REGISTRATION <i>(check one only)</i>	FEE <i>(see above)</i>	PROF. DEV. LUNCH	DIVERSITY DINNER	TOTAL PER DELEGATE
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<b>PAYMENT INFORMATION</b>	Support the NACA Foundation through your purchase of the book <i>Inspiration for Student Programmers</i> \$13.45 each x _____ = _____ <b>Save 10% on the retail rate of \$14.95!</b>	<i>(include total of all pages)</i> <b>TOTAL AMOUNT DUE \$</b> _____
<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Original Institutional Purchase Order Attached If your school requires Electronic Fund Transfers (EFT), please contact the NACA accounting department at 803-732-6222.		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card # _____ Exp. _____	<small>MC/VISA: 3 digit code on back AMEX: 4 digit code on front</small> Security Code _____	
Name on Card _____ Signature _____		
Billing Address <i>(if different from above)</i> _____		

Note: Registration forms will not be processed without payment. Regular registrations must be done online or on site unless approved by the NACA Office. Please e-mail [memberrelations@naca.org](mailto:memberrelations@naca.org) with requests or concerns. Attendee information submitted on this application will be provided to conference exhibitors.

Delegate fees and Convention payment forms, along with this application, must be sent to the NACA Office, 13 Harbison Way, Columbia, SC 29212. All materials and fees must be received by the appropriate delegate fee deadline. A 50% refund of registration fees will be given to any school member when a written request for a refund is received by the NACA Office at least 14 days prior to the first day of the event. A 100% refund for professional development luncheon fees or other meals for which a separate registration fee is paid will be given to any school member when a written request for a refund is received by the NACA Office at least 14 days prior to the first day of the event.

Refund policies for showcase fees, Campus Activities Marketplace fees and registration fees are outlined in the respective areas of these policies. Any request for refunds that include special circumstances making it impossible to adhere to the guidelines outlined in the individual refund policies should be forwarded in writing to the NACA Office within 30 days of the event for which the refund is being requested. Any request received after this timeline will not be approved. Any special circumstance refund request must include supporting material documenting the circumstances necessitating the request (e.g., a note from a physician for illness, information from local media regarding weather-related problems, etc.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Applications will not be accepted without staff advisor signature.)*

*By signing this form, you and your delegation agree to abide by all NACA policies.*

## ADDITIONAL DELEGATES *(make copies as needed)*

School/Affiliate Member: \_\_\_\_\_

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