



Register online: <https://register.naca.org>

NACA Mid Atlantic Festival School Delegate Registration Form

East Stroudsburg University (PA)
March 12-13, 2010

For NACA Office Use Only

BT_ID _____
 Date _____ Amt _____
 Ck/CC No. _____
 iMIS _____ Op. _____
 BATCH _____

Type or print all information. Return all applications to: NACA, 13 Harbison Way, Columbia, SC 29212-3401.
 Delegate fees, along with this application, must be received by Feb. 19, 2010. Registration fees submitted after Feb. 13 should be submitted on site.
 Only money order, credit card, cash or cashier's check will be accepted on site.

School: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ E-Mail Address: _____

Early Registration \$85 members / \$109 non-members—Includes four meals, access to all showcases, Marketplaces and meetings scheduled throughout the Festival.
Regular Registration \$98 members / \$124 non-members—Full registration fees **received** after Feb. 19, 2010.

	DELEGATE INFORMATION	REGISTRATION FEE
DELEGATE INFORMATION	<p><i>Head of Delegation:</i></p> <p>1. _____</p> <p>Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student</p> <p>E-mail: _____</p>	
	<p><i>Other Delegates, Spouses or Domestic Partners:</i></p> <p>2. _____</p> <p>Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student</p> <p>E-mail: _____</p>	
	<p>3. _____</p> <p>Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student</p> <p>E-mail: _____</p>	
	<p>4. _____</p> <p>Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student</p> <p>E-mail: _____</p>	

Check here if registering more than 4 delegates, and list them on next page.

TOTAL AMOUNT DUE \$ _____

Payment Enclosed Original Institutional Purchase Order Attached

If your school requires Electronic Fund Transfers (EFT), please contact the NACA accounting department at 803-732-6222.

Attendance at showcase events is voluntary, and it is the responsibility of the attendee to determine whether a particular event poses a risk to the attendee. Some element of risk may be associated with some showcase events. Some events may include hypnosis and some individuals may be more susceptible to hypnosis than others. The attendee accepts all responsibility for all consequences associated with attending showcase events and NACA is held harmless against all claims arising from any result of attending a showcase event.

Registrations will only be accepted in the NACA Office until two weeks prior to the regional conference. After the two week deadline, all registrations and fees will be processed on site. Delegate fees and conference 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 conference. 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 conference.

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.).

BY REGISTERING FOR THIS EVENT, I AGREE THAT I HAVE READ ALL APPLICABLE NACA POLICIES AND AGREE TO ABIDE BY THEM.

Signature: _____ Date: _____

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

For credit card payment, please fill out the following:

NACA Federal ID #57-0515273

Check one: VISA MasterCard American Express

Credit card number: _____ Expiration date: _____

Name on card: _____ Signature: _____

ADDITIONAL DELEGATES	DELEGATE INFORMATION	REGISTRATION FEE
	5. _____ Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student E-mail: _____	
	6. _____ Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student E-mail: _____	
	7. _____ Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student E-mail: _____	
	8. _____ Title: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Grad Student E-mail: _____	

TOTAL AMOUNT DUE \$ _____