



NACA South Regional Conference

Oct. 7–10, 2010 • Chattanooga, TN

School & Affiliate Delegate Early Registration Form

Fax 803-749-1047 ▪ Phone 803-732-6222 ▪ 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 SEPT. 16th.
YOU MAY REGISTER ONLINE UNTIL OCT. 1st.
CREDIT CARD PAYMENT AND LOGIN ARE REQUIRED FOR ONLINE REGISTRATION.

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

My school is a: Member Non-Member

Note: Non-member schools may register as delegates at a regional conference once every three years, paying non-member rates as listed.

School/Affiliate Member: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Contact Person: _____

Telephone: _____ Fax: _____

E-mail Address: _____

REGISTRATION FEES & DEADLINES

Full Registration—EARLY (by Sept. 16, 2010) Members\$175 Non-Members\$236

Full Registration—REGULAR (after Sept. 16, 2010) Members\$202 Non-Members\$262

Regular registrations must be done online or on site unless approved in advance by the NACA Office. Please contact memberrelations@naca.org with requests or concerns.

DAY PASS (Limit 1) Members\$90 Non-Members\$112

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>	ADDL. MEALS	TOTAL PER DELEGATE
1. Name: _____ Title: _____ E-mail: _____ <input type="checkbox"/> Please exclude this e-mail address from the Conference Delegate List given to Conference exhibitors. I am <i>(check all that apply)</i> : <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 SPECIAL MEAL REQUEST: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <i>(if you do not eat certain types of meat, select "vegetarian")</i> Food Allergies: _____	<input type="checkbox"/> Full Registration <input type="checkbox"/> Day Pass <i>(limit one)</i> <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	\$ _____	Prof. Dev. Lunch <input type="checkbox"/> \$30 Final Block Booking Meeting Pizza <small>(includes 2 slices & 1 bottle of water)</small> <input type="checkbox"/> \$11	\$ _____
2. Name: _____ Title: _____ E-mail: _____ <input type="checkbox"/> Please exclude this e-mail address from the Conference Delegate List given to Conference exhibitors. I am <i>(check all that apply)</i> : <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 SPECIAL MEAL REQUEST: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <i>(if you do not eat certain types of meat, select "vegetarian")</i> Food Allergies: _____	<input type="checkbox"/> Full Registration <input type="checkbox"/> Day Pass <i>(limit one)</i> <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	\$ _____	Prof. Dev. Lunch <input type="checkbox"/> \$30 Final Block Booking Meeting Pizza <small>(includes 2 slices & 1 bottle of water)</small> <input type="checkbox"/> \$11	\$ _____
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CONTINUED ON PAGE 2

School/Affiliate Member: _____

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PAYMENT INFORMATION	<i>(include total of all pages)</i>
TOTAL AMOUNT DUE \$ _____	
<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. _____
Name on Card _____	Signature _____
Billing Address <i>(if different from above)</i> _____	
<small>MC/VISA: 3 digit code on back AMEX: 4 digit code on front</small> Security Code _____	

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 with requests or concerns. Attendee information submitted on this application will be provided to conference exhibitors.

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.).

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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