



Advancing Campus Activities
in Higher Education

NACA Northern Plains Regional Conference

April 15-18, 2010 • St. Paul, MN

School & Affiliate Delegate Early Registration Form

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

Fax 803-749-1047 • Phone 803-732-6222 • www.naca.org

THIS FORM WILL NOT BE ACCEPTED AFTER MARCH 25th, 2010.
YOU MAY REGISTER ONLINE UNTIL APRIL 9th, 2010.
AFTER MARCH 25th, RATES INCREASE AND YOU MUST REGISTER ONLINE OR ON SITE.

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 (received by March 25, 2010) Members\$165 Non-Members\$206

Full Registration—REGULAR (received after March 25, 2010) Members\$190 Non-Members\$237

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\$105

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	TOTAL PER DELEGATE
1. _____ 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 SPECIAL MEAL REQUEST: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <i>Note: If you do not eat certain types of meat, select the vegetarian option.</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	\$ _____	<input type="checkbox"/> \$25	\$ _____
2. _____ 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 SPECIAL MEAL REQUEST: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <i>Note: If you do not eat certain types of meat, select the vegetarian option.</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	\$ _____	<input type="checkbox"/> \$25	\$ _____
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CONTINUED ON PAGE 2

NORTHERN PLAINS

School/Affiliate Member: _____

DELEGATE INFORMATION	TYPE OF REGISTRATION <small>(check one only)</small>	FEE <small>(see page 1)</small>	PROF. DEV. LUNCH	TOTAL PER DELEGATE
4. _____ Title: _____ E-mail: _____ 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>Note: If you do not eat certain types of meat, select the vegetarian option.</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	\$ _____	<input type="checkbox"/> \$25	\$ _____
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PAYMENT INFORMATION	Support the NACA Foundation through your purchase of the book <i>Inspiration for Student Programmers</i> \$13.45 each x _____ = _____ Save 10% on the retail rate of \$14.95!	<small>(include total of all pages)</small> 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. _____ 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 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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