



National Student Leadership & Citizenship Conference

October 20-22, 2017 * New Orleans, LA

* CONTACT INFORMATION

- all information regarding the conference will be sent to individuals listed below

College / Campus: _____

Mailing Address: _____

City: _____

State: _____

ZIP: _____

Staff Information
-FT Employee at College

Student Representative Information
-One student per College

Name: _____

Title: _____

E-mail: _____

Phone: _____

Cell: _____

Name: _____

Title: _____

E-mail: _____

Phone: _____

Cell: _____

* REGISTRATION RATES

EARLY BIRD RATES

registered and paid by September 20

Member ^

Non -Member

1 - 3 people

\$300_{per person}

\$400_{per person}

4 - 7 people

\$275_{per person}

\$375_{per person}

8 + people

\$250_{per person}

\$350_{per person}

REGULAR RATES

registered by October 10

Member ^

Non -Member

\$350_{per person}

\$450_{per person}

\$325_{per person}

\$425_{per person}

\$300_{per person}

\$400_{per person}

LATE RATES

Any registration after October 10
Member and Non-Member are the same rate

\$500_{per person}

Total # of Attendees _____

Total Conference Fees _____

TOTAL Amount Due _____

Membership Fee ^ _____

Please include attendee names on page 2

A check or official purchase order must be included with registration forms. We are unable to accept credit cards.

Early Bird Registrations must be paid for by September 20 by check

^ Membership is \$300 per campus- membership runs from September 1 - August 30, regardless of when payment is received. Membership must be current at time of conference to qualify for member rates. Membership payment can be included with the conference registration payment.

Liab Docs _____

Reg Rcvd _____

NAMES _____

Confirm _____

Invoice _____

Payment _____

Ck Amt _____

Receipt _____

Ck # _____



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Name changes may be made at anytime via e-mail to info@asacc.org or jen@asacc.org
Please type information to ensure name badges will be correct.

Attendee Information

NAME asit will appear on your badge	TITLE	E-MAIL
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Submit forms and payment to:

ASACC Business Office
2279 North University Parkway - #165
Provo, UT 84604

FAX # -- 801-406-4385
Phone # -- 801-785-9784
info@asacc.org / jen@asacc.org



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CANCELLATION POLICY

All cancellations must be received in writing via e-mail. A receipt of confirmation will be sent within 5 business days upon receiving the registration documents.

Full refunds minus a \$25 processing fee will be given for any cancellations received until September 15, 2017.

Cancellations made after September 15, 2017 are subject to a \$150 service charge per person until October 5, 2017.

Those canceling after October 5, 2017 and persons who sign up for the conference but do not attend will be charged the full registration price.

Substitutions and name changes may be made at anytime via e-mail.

LIABILITY

The "Conference Management" (ASACC, Advisors Institute, their officers, directors, agents, and employees) shall not have any responsibility or liability for personal injury en route to and from the National Student Leadership, Citizenship & Advocacy Conference or at any time on the site. The "Conference Management" shall not have responsibility of liability for unsafe or illegal acts of the hotels, suppliers, entertainers, tour operators, and airlines that are directly or indirectly involved with the conference. Attendees who purchase non-refundable airline tickets do so at their own risk. I agree that any photographs or video tapes taken of me or my delegation may be used for conference promotional purposes or resale. The total amount of any liability of the "Conference Management" will be limited to a refund of the attendance fee.

REGISTRATION CONFIRMATIONS

Registration confirmations will be sent within 5 business days from the time we receive your registration. Confirmations will be sent electronically to the Staff and Student Representative provided on the registration forms. Please contact our office if you do not receive a confirmation. **Once a registration is received by our office, the cancellation policy indicated above will take effect.**

By signing below I agree to the above policies and guarantee payment to ASACC for the registrants listed based on the conditions above.

Signature:

Typed Name:

Title:

College:

Date:
