

# National Student Advocacy Conference

March 15-18, 2025 • Washington Plaza Hotel • Washington, D.C.

CONTAC	T INFORMATION		
Coll	ege / Campus:		
Mai	ling Address:		
FT em	Staff Information		Student Representative Information
ame		Name —	
tle		Title —	
mail		Email	
none	Cell Phone	Phone	Cell Phone
	(cell phones will be used for e	mergency contact and r	not distributed to others)
EGISTR	ATION RATES		
	gular - Member* - \$525 person / registered by Fe	-bruary 14	
	gular - Non - Member* - \$600 person / register		
	te - Member & Non-Member - \$675 person / r		ofter February 14
	nembership is \$450 per campus and runs from September 1		
	EE INFORMATION mber of Attendees	Total Confere	
(Multiply conference rate by Number of Attendees)			
		C Membership (ent	er 0 or \$450)
_	ail addresses will be uded on page 3 of the	Total Due	
1	registration form.		
AYMENT	INFORMATION		
-	egistering as an EARLY BIRD, <u>payment</u> must	be received by D	ecember 31, 2024 or rates will be
creased t	o the Regular Registration Rate.		
	check is included with this registration pacl	ket	
	check is being mailed to ASACC		
	/e will bring payment with us to the conference and use a surgeboard and the second seco		es are not available with this option)
L Ir	cluded is a purchase order, please send us	an invoice.	

Please send a credit card invoice for the total amount due (an additional 5% convenience fee will be charged)

If you have questions regarding the conference, registration, the schedule, or anything else please

contact our office at 801-368-2289 or info@asacc.org

Reg Rcvd	Signed Doc	Confirm	Names	Invoice	Receipt	\$ Rcvd



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## CANCELLATION POLICY

All cancellations must be received and confirmed in writing via email to info@asacc.org.

Full refunds, minus a \$25 processing fee, will be given for any cancellations received before January 10, 2025. Cancellations made after January 10, 2025, are subject to a \$150 service charge, per person, until February 14, 2025. Those canceling after February 14, 2025, and individuals who register for the conference, but do not attend, will be charged the full registration price.

Colleges who register but do not pay registration fees will be billed in accordance with this policy.

Name changes may be made at any time via email to info@asacc.org.

## LIABILITY POLICY

The "Conference Management" (ASACC, Advisors Institute, their officers, directors, agents, and employees) shall not have any responsibility or liability for personal injury enroute to and from the National Student Advocacy Conference or at any time on the site. The "Conference Management" shall not have any responsibility or 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. Attendees agree that any photographs or video 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 paid registration fees.

#### CONFIRMATION

Registration confirmations and cancellation request receipts will be sent within 5 business days from the date your registration is received. Confirmations will be sent electronically to the Staff and Student Representative provided on the registration form. Please contact our office if you do not receive confirmation in that time period. Once registration is received by our office, the cancellation policy indicated above takes effect.

#### PAYMENT INFORMATION

If you are registering with a member rate, and your membership is not current at the time of registration that an additional \$450 will be charged for your 2024-25 membership dues. If you have questions regarding the status of your membership, please contact our office.

Any conference payments received after April 1, 2025, are subject to a 10% monthly late fee until paid.

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

Date \_\_\_\_\_

College \_\_\_\_\_

Title\_\_\_\_\_



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Please type the information to ensure name badges are correct. If you need additional space for names, please attach an additional sheet.

ATTENDEE INFORMATION		
NAME	TITLE	EMAIL

You can change attendee names at any time by emailing info@asacc.org. Information regarding the conference will be emailed to college contact listed on the first page and should be distributed to other attendees as needed.

Submit forms via email, fax, or mail to:

ASACC Business Office (Federal Tax ID: 54-1856723) 2279 North University Parkway, #165 Provo, UT 84604 Email - info@asacc.org Fax - 801-406-4385

If you have any questions, please contact us at 801-368-2289.