



**DELEGATE INFORMATION**

**“Central Rocks”**

Conference registration fees include all sessions, materials, functions, meals (except Monday night dinner on your own). Transportation to the Cleveland Rock and Roll Hall of Fame will be available for those that choose not to walk. All other transportation to off-site events is included. If we have enough participants for the optional golf outing, it too is not included in the registration fee. If you have questions, please contact [Matt Portner](mailto:mportner@ashland.edu) (419.289.5249). Click [here](#) for hotel reservations or call the Embassy Suites Cleveland – Downtown at 1-800-EMBASSY. Group room rates (mention NACAS Central) are reserved for June 19<sup>th</sup>-23<sup>rd</sup>, and are based on availability. The rates are \$119/night for single or double suite accommodations. Daily breakfast and evening manager’s reception is included. **The rates are guaranteed until May 20, 2010 or until the block sells out - so make your reservations early!**

Name (First, MI, Last): \_\_\_\_\_ Nickname for badge: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Spouse/Guest Name(s): \_\_\_\_\_

\*add the appropriate fee below for guests/spouses/children

Child Name(s): \_\_\_\_\_

Conference Registration Fees	By May 20	After May 20	Total Fee
NACAS Member	\$325	\$350	\$ _____
Non-Member	\$375	\$400	\$ _____
First-time conf. attendee NACAS Member	\$250	\$275	\$ _____
NACAS Member one day (Date: _____)	\$175	\$200	\$ _____
Non-Member one day (Date: _____)	\$200	\$225	\$ _____
Retired NACAS member	\$75	\$100	\$ _____
Spouse/Guest	\$75	\$100 # _____	\$ _____
Children (under age 18)	\$50	\$75 # _____	\$ _____
<b>TOTAL DUE</b>			<b>\$ _____</b>

If you are interested in playing golf in the morning on Sunday, June 20<sup>th</sup>, please e-mail Matt Portner at [mportner@ashland.edu](mailto:mportner@ashland.edu).

When do you plan to arrive? \_\_\_\_/\_\_\_\_/\_\_\_\_ When do you plan to depart? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any dietary restrictions? Please specify: \_\_\_\_\_

In compliance with the Americans with Disabilities Act, please indicate any assistance you require to attend the conference:  
 \_\_\_\_\_

**Payment made by (check one):**

Check enclosed

P.O. # \_\_\_\_\_

Credit Card

American Express

Mastercard

Visa

Exp. Date: \_\_\_\_/\_\_\_\_ Card number: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Today’s date: \_\_\_\_\_

**Complete registration form and return with payment made payable to NACAS Central:**

Attn: 2010 NACAS Central Conference Registration

P.O. Box 5546, Charlottesville, VA 22905-5546

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