



**2011 NACAS East Conference  
Delegate Registration Form  
June 12-15, 2011  
The Westin Annapolis**



Conference registration fees include all sessions, materials, functions, meals (except Monday night on your own) and transportation to off-site events. Golf and kayak outings are not included in the registration fee. If you have questions, please contact Peter North at (717)337-6219/[pnorth@gettysburg.edu](mailto:pnorth@gettysburg.edu) or Anya Hughes at (202) 994-5851/[anyahughes@gmail.com](mailto:anyahughes@gmail.com).

Hotel reservations may be made by calling The Westin Annapolis (410) 972-4300. Group room rates are \$119.00/night + taxes and are available until May 11, 2011 or until the block sells out; whichever comes first. Please visit the NACAS East website at [www.nacas.org](http://www.nacas.org) for additional information and website link to the hotel.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname for badge \_\_\_\_\_

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

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

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

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

Spouse/Guest/Children's Names: \_\_\_\_\_ (addtl. fees below)

<b>Conference Registration Fees</b>				<b>Total Fee:</b>
NACAS-East Member	\$340	x	_____ number	\$ _____
Non-Member	\$395	x	_____ number	\$ _____
Member Day Rate	\$160	x	_____ number	\$ _____
Retired NACAS Member	\$125	x	_____ number	\$ _____
June 11 Pre-con: Integrated Marketing Plan	\$ 95	x	_____ number	\$ _____
Kayak Tour	\$ 60	x	_____ number	\$ _____
Gala Only	\$ 75	x	_____ number	\$ _____
Spouse/Guest	\$150	x	_____ number	\$ _____
Children	\$ 75	x	_____ number	\$ _____
			<b>Total due:</b>	\$ _____

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

Do you plan to attend the gala on Tuesday June 14? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to attend the tour of the Naval Academy and/  
or St. John's College on Sunday, June 12? (No charge) Yes \_\_\_\_\_ No \_\_\_\_\_

Is this your first NACAS East Conference? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, are you willing to serve as a mentor to a conference first-timer? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like someone to contact you about volunteer opportunities within NACAS? Yes \_\_\_\_\_ No \_\_\_\_\_

For conference meals, would you prefer a vegetarian or vegan entrée? Please specify: \_\_\_\_\_

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

**Complete registration materials and return to NACAS East:**

**Payment made by:**  MasterCard  Visa  AMEX  
 Check (payable to NACAS East)  Purchase Order # \_\_\_\_\_

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

Name on Card: \_\_\_\_\_ Registration Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ **Total Enclosed:** \$ \_\_\_\_\_

Attn: Margarida Vieira  
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NACAS East tax identification number: 16-1497246