



**Institutional Member Registration Form\***

\* If you are a business partner and would like to participate / exhibit, please contact Mark Miller to register ([millerml@uidaho.edu](mailto:millerml@uidaho.edu) ~ 208-885-6958).

Name: \_\_\_\_\_  
 Name for Name Tag (if different): \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Institution/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Ways to Register**

Online:  
[www.nacas.org](http://www.nacas.org)

Fax:  
 434.245.8453

Mail:  
 NACAS West  
 Conference Registrar  
 P.O. Box 5546  
 Charlottesville, VA  
 22905-5546

**Questions?**

[info@nacas.org](mailto:info@nacas.org)  
 or call  
 434-245-8425

**Registration Information:**

Member registration fees apply to all Institutions and Business Partners who are members of NACAS or CCBO. Guest refers to spouse or companion. A full registration includes meals as scheduled, breaks, opening banquet and reception, business meeting luncheon, transportation, gala event, and all education sessions.

**Not included in the registration fee:** Golf or any excursions.

**Day Registration:** Includes all activities and meals scheduled for that day.

**Guest Registration:** Includes opening banquet, reception, and gala event.

**Cancellations:**

If you must cancel your registration, please notify the NACAS Registration Team in writing five (5) business days prior to the start of the conference. A processing fee of \$75 will be deducted from your registration. If cancellations occur less than five (5) business days prior to the conference, no refunds will be given. Refunds will be issued once the conference is over.

**Indicate guest's name here and add fee below.**

Guest Name (as it will appear on name badge): \_\_\_\_\_

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

Indicate any special dietary requirements (i.e., allergies, special diet, etc.): \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Is this your first NACAS West Conference?  Yes  No

**Registration Fees**

<b>NACAS Member</b> (3+ from an institution: \$265 each)	\$315	\$ _____
<b>Non-member</b> (3+ from an institution: \$325 each)	\$375	\$ _____
<b>First Timer</b>	\$250	\$ _____
<b>Business Partner</b> (Enthusiast level/add'l attendee)	\$250	\$ _____
<b>Single Day</b> (date: _____)	\$150	\$ _____
<b>Guest/Retiree</b>	\$150	\$ _____
<b>Student</b>	\$150	\$ _____
<b>Golf</b> (my handicap is: _____) 24 Apr 2010 (includes green fees, cart, and meal voucher)	\$ 65	\$ _____

**Total Registration** (check payable to NACAS West)

NACAS Federal ID# 16 0999 454

Check Enclosed

Credit Card:  Visa  MasterCard  AmEx

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Registration Application Date: \_\_\_\_\_