

NACA INSTITUTE REGISTRATION FORM

To register for any of the 2010 NACA institutes, please complete this form and return it to:

NACA • 13 Harbison Way • Columbia SC 29212-3401, or fax it to 803-749-1047. Register online at www.naca.org!

Please use a separate form for each institute for which you wish to register delegates. This form may be photocopied.

NACA HUGE LEADERSHIP WEEKEND

June 3-6 | John Newcombe Tennis Ranch in San Antonio (TX)

Early Registration (before April 21)\$315

Regular Registration (after April 21)\$343

NACA PROGRAMMING BASICS INSTITUTE

June 10-13 | Villanova University

Early Registration (before April 28)

NACA members\$450

Non-members\$565

Regular Registration (after April 28)

NACA members\$520

Non-members\$645

NACA CONCERT MANAGEMENT INSTITUTE

June 24-27 | University of Wisconsin-Milwaukee

Early Registration (before May 12)

NACA members\$450

Non-members\$565

Regular Registration (after May 12)

NACA members\$520

Non-members\$645

NATIONAL LEADERSHIP SYMPOSIUM

July 8-11 | University of Richmond

Early Registration (before May 26)\$540

Regular Registration (after May 26)\$570

NACA STUDENT GOVERNMENT INSTITUTES

WEST | July 8-11 | Colorado School of Mines

Early Registration (before May 26)

NACA members\$450

Non-members\$565

Regular Registration (after May 26)

NACA members\$520

Non-members\$645

EAST | July 15-18 | George Washington University (DC)

Early Registration (before June 2)

NACA members\$450

Non-members\$565

Regular Registration (after June 2)

NACA members\$520

Non-members\$645

STUDENT ORGANIZATIONS INSTITUTE

July 22-25 | University of Louisville

Early Registration (before June 9)

NACA members\$450

Non-members\$565

Regular Registration (after June 9)

NACA members\$520

Non-members\$645

Refund Policy for All NACA Institutes:

Refunds for registration will be made only for requests received in writing at the NACA Office prior to the early registration deadline for the respective event. No refunds will be given for registrations after the stated early registration deadline. However, participant substitutions may be allowed if the request is submitted no later than 3 weeks prior to the start of the institute. A \$100 administrative fee will be charged for each cancellation.

My school is a: NACA Member Non-member

School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

School Contact Person: _____

Telephone: _____ Fax: _____

E-mail: _____

Note: Unless otherwise noted on registration form, registration confirmation will be e-mailed to the school contact person listed above.

Name: _____

Title: _____

Summer telephone: _____

E-mail: _____

Please list any Food Allergies: _____

Name: _____

Title: _____

Summer telephone: _____

E-mail: _____

Please list any Food Allergies: _____

Name: _____

Title: _____

Summer telephone: _____

E-mail: _____

Please list any Food Allergies: _____

DELEGATE TYPE	GENDER	FEE PER DELEGATE
<input type="checkbox"/> Grad Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Staff <input type="checkbox"/> Vegetarian <input type="checkbox"/> Special Accommodations <i>(NACA Office staff will contact you. Accommodations will not be honored unless requested on this form.)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
<input type="checkbox"/> Grad Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Staff <input type="checkbox"/> Vegetarian <input type="checkbox"/> Special Accommodations <i>(NACA Office staff will contact you. Accommodations will not be honored unless requested on this form.)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
<input type="checkbox"/> Grad Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Staff <input type="checkbox"/> Vegetarian <input type="checkbox"/> Special Accommodations <i>(NACA Office staff will contact you. Accommodations will not be honored unless requested on this form.)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
TOTAL AMOUNT DUE		\$ _____

A check in the amount of \$ _____ is enclosed. Purchase order # _____ is enclosed.

If your school requires Electronic Fund Transfer (EFT), please contact the NACA accounting department at 803-732-6222.

Please charge my credit card: VISA MasterCard American Express

Credit Card # _____ Expiration Date _____

Name on Card _____ Signature _____

The undersigned agrees and promises to indemnify and hold harmless NACA for and against any and all claims, losses, damages, and costs of any nature whatsoever arising out of use by the undersigned of the lodging space described above. This indemnity and hold harmless applies to all claims, losses, damages or costs resulting from acts or omissions of the undersigned, as well as from acts or omissions of NACA, including, specifically, any act of negligence on the part of NACA. This indemnity and hold harmless shall also cover all reasonable attorneys' fees and costs incurred by NACA to prosecute or defend any claim covered by this agreement. The undersigned agrees to submit himself/herself to personal jurisdiction in the State of South Carolina for any action arising under this agreement, further agrees that venue in Richland County, South Carolina, is proper in connection with any such action, and further agrees that this indemnity and hold harmless shall be interpreted and construed under the law of the State of South Carolina.

Signature (required) _____ Date _____