

2010 ANNUAL CONFERENCE

NON-MEMBER REGISTRATION FORM

PERSONAL INFORMATION

Name: _____ Badge Name: _____

Institution/Law Firm Name for Badge: _____

Law Firm (if applicable): _____

Member Institution (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Tel: _____

SPECIAL NEEDS

Dietary Restrictions: _____

- Check here if you have special needs and might require accommodations to fully participate in the conference. A staff member will contact you for details.

ELIGIBILITY VERIFICATION *(REQUIRED)*

- I am a non-member speaker.
- I am not a member of NACUA but am eligible to attend. You must submit a letter of intent with your registration form. (See the eligibility requirements under the registration section of the Annual Conference website).

CLE CREDIT REQUESTED

Please complete only if you wish NACUA to apply on your behalf.

State: _____ Bar# _____

State: _____ Bar# _____

EVENTS

Please indicate if you plan on attending the following events. Costs are included in your registration fee.

- | | |
|--|--|
| <input type="checkbox"/> Opening Plenary Session <i>Sunday, 1:00 pm</i> | <input type="checkbox"/> Second Plenary Session <i>Monday, 8:00 am</i> |
| <input type="checkbox"/> Honors & Awards Ceremony <i>Sunday, 4:30 pm</i> | <input type="checkbox"/> Association Breakfast <i>Tuesday, 8:00 am</i> |
| <input type="checkbox"/> Networking Breakfast <i>Monday, 7:00 am</i> | <input type="checkbox"/> Networking Luncheon <i>Tuesday, 12:15 pm</i> |

REGISTRATION

A. Pre-Conference Events Registration

	Fees	
Lawyers New to Higher Education Workshop (Non-Member Only)	\$235	= \$

B. Annual Conference Registration

	Early*	Regular*	On-Site*	
Non-Member	\$900	\$950	\$1,000	= \$
Non-Member Speaker			complimentary	= \$
Non-Member Speaker (Session Only)			complimentary	= \$

***Registration Deadlines:** Early Registration rates only apply to registrations received on or before April 30th. Regular Registration rates apply to registrations received on or before May 31st. All registrations received after May 31st must pay the On-Site Registration Fee.

C. Conference Materials

Post-Conference Binder of Complete Written Materials	\$199	= \$
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D. Opening Reception

	# Attending		
Are you planning on attending? <input type="radio"/> yes <input type="radio"/> no		included	
Adult Spouse/Guest(s)	# ___ x	\$30	= \$
Child (ages 6-12)	# ___ x	\$10	= \$
Child (5 and under)	# ___ x	free	

Total Fee to Accompany Registration: = \$

PAYMENT INFORMATION

Check: (payable to NACUA)

Credit: Visa MasterCard *Sorry, no American Express*

Name on card: _____

Card Number: _____ Exp. Date: _____

Signature: _____

All registrations must be accompanied by check or credit card information. Mail form with payment to NACUA, P.O. BOX 791118 Baltimore, MD 21279-1118