# **TNACUA** November 2017 CLE Workshop

NON-MEMBER REGISTRATION FORM

| Name:                                     |                                                                                                     | Badge Name:             |               |                         |                                                        |                                                    |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------|---------------|-------------------------|--------------------------------------------------------|----------------------------------------------------|
|                                           |                                                                                                     |                         |               |                         |                                                        | apply to attorneys or other administrators rep     |
| Institution/Firm:                         |                                                                                                     |                         |               |                         |                                                        | resenting or employed by colleges or universi-     |
|                                           |                                                                                                     |                         |               |                         |                                                        | ties that are NOT NACUA<br>member institutions. Or |
| Address:                                  |                                                                                                     |                         |               |                         |                                                        | an outside attorney (i.e.                          |
|                                           |                                                                                                     |                         |               |                         |                                                        | represents a NACUA                                 |
| lel:                                      |                                                                                                     | Email:                  |               |                         | member institution but<br>is not listed on the officia |                                                    |
| EMERGENCY CON                             | NTACT INFORMATION                                                                                   |                         |               |                         |                                                        | roster.                                            |
| Name:                                     | Tel:                                                                                                |                         |               |                         |                                                        |                                                    |
| DIETARY RESTRIC                           | TIONS                                                                                               |                         |               |                         |                                                        | Representative rates apply to employees at         |
| O Gluten-Free                             | O Pescatarian                                                                                       | Allergies:              |               |                         |                                                        | NACUA member institu-<br>tions who are not on      |
| O Halal                                   | O Vegan                                                                                             | O Dairy                 | O Se          | the official membership |                                                        |                                                    |
| O Kosher                                  | O Vegetarian                                                                                        | O Nut                   | O 50          | ру                      |                                                        | roster.                                            |
| ADA ACCESS                                |                                                                                                     |                         |               |                         |                                                        |                                                    |
| Accommodation F                           | Requests:                                                                                           |                         |               |                         |                                                        |                                                    |
| REGISTRATION                              |                                                                                                     |                         |               |                         |                                                        |                                                    |
|                                           | ns, coffee breaks, continental                                                                      | oreakfasts, luncheon    | ı, receptior  | n, CLE credit fee, and  | d pre-                                                 | -                                                  |
| and post-event online                     | access to materials.                                                                                |                         |               |                         |                                                        | PAYMENT: Upon reciept of your                      |
| A. REGISTRATION FEES                      |                                                                                                     | EARLY REGULAR ( RECEIVE |               |                         | IVED AFTER October 20)                                 | 0) registration form,                              |
| Non-Member                                |                                                                                                     | \$82                    | 20            | \$870                   | = \$                                                   | NACUA will contact you, via email, regarding       |
|                                           | ion Representative                                                                                  | \$72                    | 20            | \$770                   | =\$                                                    | payment (if applicable).                           |
| O I am not a me                           | ation (required for registrati<br>mber of NACUA. I have receive<br>attached. (To find out your prim | d approval from my P    |               |                         |                                                        |                                                    |
| Non-Member Speaker*                       |                                                                                                     |                         | complimentary |                         | = \$                                                   | -                                                  |
| -                                         | ers and moderators must pay the n                                                                   |                         |               |                         |                                                        | -                                                  |
| B. BINDER OF MAT                          | TERIALS                                                                                             |                         |               |                         |                                                        | _                                                  |
| Post-Workshop Binder of Written Materials |                                                                                                     | S                       | \$129         |                         | = \$                                                   |                                                    |
| The binder of written m                   | naterials will be shipped 6 - 8 wee                                                                 | ks after the workshop.  |               |                         |                                                        | •                                                  |
|                                           |                                                                                                     | TOTAL AMOUNT TO         | ) ACCOMP      | ANY REGISTRATIO         | N: = \$                                                |                                                    |
| C. CLE CREDIT (cor                        | mplete only if you wish NACUA to                                                                    | apply on your behalf)   | )             |                         |                                                        |                                                    |
| State:                                    |                                                                                                     | Bar #:                  |               |                         |                                                        | ·<br>-                                             |
| State:                                    |                                                                                                     | Bar #:                  |               |                         |                                                        | -                                                  |
| D. NETWORKING I                           | EVENTS Please check the                                                                             | event(s) you plan to    | attend. Co    | sts are included in y   | your registration fee.                                 | _                                                  |
| ○ Reception • W                           | /ednesday, 5:30 p.m.                                                                                | O (                     | Continen      | ital Breakfast • ⊤      | hursday, 7:00 a.m.                                     |                                                    |
| <ul> <li>Networking L</li> </ul>          | unch • Thursday, 12:00 p                                                                            | .m. O                   | Continen      | ital Breakfast • F      | riday, 7:00 a.m.                                       |                                                    |

## **NACUA**

### **Sample Non-member Meeting Attendee Endorsement Letter**

November 2017

#### **In-House Counsel**

To: NACUA Meetings Department

As the primary representative for <NAME OF MEMBER INSTITUTION>, I endorse the registration of <REGISTRANT'S NAME> to attend the <Name of Educational Program>. As the <REGISTRANT'S TITLE>, he/she is responsible for <Areas of relevant responsibility to the educational program> and would benefit from attending this upcoming educational program.

Sincerely,

<Signature and Printed Name of Primary Representative>

#### **External Counsel**

To: NACUA Meetings Department

As the primary representative for <NAME OF MEMBER INSTITUTION>, I endorse the registration of <REGISTRANT'S NAME> to attend the <Name of Educational Program>. As an external counsel, <REGISTRANT'S NAME> is currently engaged to represent my institution on legal matters. He/She is a licensed attorney in good standing in at least one state and has a commonality of interest with NACUA member institutions.

Sincerely,

<Signature and Printed Name of Primary Representative>