



2020 AACRAO Annual Meeting

Registration Form

April 5-8 • New Orleans, LA

Fax to: 301-694-5124

Mail to: AACRAO – IV

PO Box 37500

Baltimore, MD 21297-3500

Questions call: 800-310-7554/240-439-2554 or

Email: AACRAOannual@experient-inc.com

First Name _____ Last Name _____ Nickname _____

Title _____ E-mail _____

Institution/Company _____ Telephone* _____ Fax* _____

Address _____ Twitter Handle _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Emergency Contact Name _____ Phone _____ Alternate Phone _____

*International registrants should list their country and city codes.

AACRAO considers anyone not affiliated with a college or university to fall into the Corporate Participant category and will review registrations and reclassify if necessary.

Registration Category (Please indicate with an X)	By Feb 28	After Feb 28	On Site
Member (Named Roster Members Only)	<input type="checkbox"/> \$695	<input type="checkbox"/> \$845	<input type="checkbox"/> \$895
Student Member (Dues Paid Student)	<input type="checkbox"/> \$347.50	<input type="checkbox"/> \$422.50	<input type="checkbox"/> \$447.50
Member Corporation (not exhibiting, sponsoring, or presenting)	<input type="checkbox"/> \$3850		
Nonmember (Non-Roster Members)	<input type="checkbox"/> \$895	<input type="checkbox"/> \$1045	<input type="checkbox"/> \$1095
Nonmember Corporation (not exhibiting, sponsoring, or presenting)	<input type="checkbox"/> \$4750		
Member Minority First-Time Attendee (with signed application)	<input type="checkbox"/> \$595	<input type="checkbox"/> \$745	<input type="checkbox"/> \$795
One Day Roster Member (Day: _____)	<input type="checkbox"/> \$420	<input type="checkbox"/> \$495	<input type="checkbox"/> \$520
One Day Non-Roster Member (Day: _____)	<input type="checkbox"/> \$520	<input type="checkbox"/> \$595	<input type="checkbox"/> \$620
<input type="checkbox"/> Interassociation Guest* <input type="checkbox"/> Honorary Member* <input type="checkbox"/> Board of Directors* <input type="checkbox"/> Program Committee* <input type="checkbox"/> Co-Chair of Volunteers* * Requires Prior Approval	<input type="checkbox"/> Complimentary*		
Guest Registration for Spouses, Partners, Children (18 & over)	<input type="checkbox"/> \$200		
Guest Registration for Children (under 18)	<input type="checkbox"/> \$100		
Guest Name(s) & Age(s):			

My reasons for attending AACRAO's Annual Meeting are to (rank the options 1 through 5 with 1 being your primary reason):

- Learn
- Network
- Deliver a presentation
- Evaluate vendor products/services
- Have fun

Special Interests (check all that apply):

- First Timer
- Presenter
- Exhibitor
- Sponsor
- NNLSO Member
- Participant
- AACRAO Ambassador

Pronoun Preference (check only one):

- Ey/Em/Eir
- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Xe/Xem/Xyrs
- Ze/Hir/Hirs
- Other (Please specify) _____

Indicate if you are interested in a Caucus:

- Asian-Pacific Islander Caucus
- Black Caucus
- Latinx Caucus
- LGBTQIA Caucus
- Native American Caucus
- Women's Caucus

Meeting Attendance

Attended Annual Meeting in 2019?

Yes No

of Annual Meetings attended _____

Attended Tech/Transfer Conference in 2019?

Yes No

of Tech/Transfer Conferences attended _____

Attended SEM Conference in 2019?

Yes No

of SEM Conferences attended _____

Special Meal Request

- Vegetarian
- Vegan
- Food Allergy/Dietary Requirement

Please explain: _____

Special Service

Attach a description of requirements if you have special needs. _____

Pre-conference Workshops (additional fee):

Workshop Title(s)	Workshop No.	Start Time	Fee

Ticketed Events	Day/Time	# of Tickets	Fee
State & Regional Officers Workshop	Sun 8:30am		\$0
By Invitation Only: Chairs of 2019-2020 & 2020-2021 Professional Activities Committees Luncheon	Sun 11:15am		\$0
Experience AACRAO (for First Time Attendees)	Sun 3:30pm		\$0
National Network of Law School Officers (NNLSO) Business Meeting & Breakfast	Mon 8:00am		\$0
Graduate & Professional Schools Luncheon	Mon 11:45am		\$50
International Luncheon	Tues 11:45am		\$50
International Educators' Reception	Tues 6:30pm		\$40
NNLSO Networking & Social Event (\$55 Ticket fee collected at NNLSO Business Meeting)	Tues 7:00pm		N/A

Payment Information (Please check one): Federal Tax ID: 52-2274900

Check: # _____ VISA MasterCard American Express

Cardholder's Name: _____

Credit Card Number: _____ Exp. Date _____

Total Registration Fee \$ _____

Total Workshop/Ticketed Event Fee \$ _____

Total Amount to be Charged \$ _____