AACRAO Annual Meeting Registration Form — New York — March 28-31, 2005

MAIL TO: AACRAO Annual Meeting, PO Box 714003, Columbus, OH 43271-4003 FAX TO: (330) 963-0319

Please submit a separate form for each attendee. Forms received without payment will not be processed.

Key Code PDF

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First Name (print)	Last Name	First Name for Badge
Title		
Institution		Telephone
Address		Fax
City / State / Zip		Country
E-mail		

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REGISTRATION	CHECK CATEGORY	COST By Feb 11	COST After Feb 11	COST On Site	TOTAL COST
Member		$395	$480	$505	$
Nonmember		$495	$580	$605	$
Minority First-Time Attendee (with signed application)		$295			$
One Day Only Member — Day:		$195	$225	$225	$
One Day Only — Day:		$245	$275	$275	$
[ ] Interassociation Guest [ ] Honorary Member [ ] Board of Directors [ ] Program Committee		Complimentary			$ 0
Guest Registration for Spouses, Partners, Children (18 & over)		$75			$
Guest Registration for Children (under 18)		$35			$
Guest Name(s):					
TOTAL PART 2					$

3

WORKSHOP NO.	PREMEETING WORKSHOP NAME	TIME	FEE
			$
			$
	TOTAL PART 3		$

4

EVENT *Indicate number of persons per event.*	COST	X	# OF PERSONS	=	TOTAL COST
By invitation only: Chairs of 2004-05, 2005-06 Professional Activities Committees Lunch (Monday)	Complimentary	x			$ 0
First Time Attendees Orientation & Welcome (Monday)	Included in fee	x		=	$ 0
International Educators Reception (Wednesday)	$10	x		=	$
TOTAL PART 4	$				

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SPECIAL INTERESTS *Check all that apply*

- ☐ First AACRAO Meeting
- ☐ Presenter
- ☐ AACRAO Past President
- ☐ Indicate Special Meal Request: ☐ Vegetarian ☐ Vegan ☐ Kosher ☐ Food Allergy _____
- ☐ Special Services: *Attach Description*

Institution type	☐ 4-Year Public ☐ Graduate or Professional	☐ 4-Year Private ☐ International	☐ 2-Year ☐ Other
FTE Enrollment	☐ Under 1,000 ☐ 5,000-9,999	☐ 1,000-2,499 ☐ 10,000-19,999	☐ 2,500-4,999 ☐ 20,000 +
Carnegie Classification	☐ Doctoral/Research University ☐ Associate's College ☐ Baccalaureate College-General	☐ Baccalaureate/Associate's College ☐ Baccalaureate College-Liberal Arts ☐ Tribal College and University	☐ Master's College & University ☐ Specialized Institution

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PAYMENT INFORMATION Prices are in U.S. dollars Federal Tax ID: 52-2274900

☐ Check enclosed Credit card: ☐ American Express ☐ Visa ☐ MasterCard

Cardholder Name (print)

Card No. Exp. Date

Signature

LIST FEES FROM ABOVE

Total Part 2	$
Total Part 3	$
Total Part 4	$
TOTAL Amount Due (2, 3, 4)	$

Office Use Only

Date Recd	Check #	Check Total
Sheet Total	Date Entered	Entered By

Exhibitors: Do not use this form! Register online or use the special exhibitor registration form at www.aacrao.org/nyc/