



2021 AACRAO SEM Conference Registration Form

14-17 November • Miami, Florida

Fax to: 202-872-8857
Mail to: AACRAO Meetings Dept.
1108 16th St. NW Suite 400
Washington, DC 20036
Questions:
call: 202-293-9161
email: meetings@aacrao.org

First Name _____ Last Name _____ Badge Name _____
 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.

2021 SEM Registration Fees:

Registration Category	BEFORE September 10	AFTER September 10	Onsite
AACRAO Roster Member	\$1,100	\$1,300	\$1,375
AACRAO Roster Member – FLORIDA RESIDENT	\$770	\$910	\$962
Institutional non-roster member	\$1,400	\$1,600	\$1,675
Institutional non-roster member – FLORIDA RESIDENT	\$1,120	\$1,280	\$1,340
Student / Senior Consultant	\$550	\$650	\$688
One Day Pass (MONDAY OR TUESDAY)	\$400	\$450	\$475
Presenters	Session ID		
Presenter – AACRAO roster member	\$880		
Presenter – institutional non-roster member	\$1,120		
Research Presenter - Full Conference	\$500		

Pre-Conference Workshops (additional fee)

*SEM Institute & Workshop details can be found at <https://www.aacrao.org/events-training/meetings/sem-conference>

Workshop Title(s)	Workshop No.	Start Time	Fee

Ticketed Events (included in registration fee for full meeting participants)

*full meeting participation does not include those only attending a workshop or institute

For planning purposes, please indicate intention to attend.	YES, I plan to attend	NO, thank you
Welcome Reception in Exhibit Hall Sun 6:45 PM		
Continental Breakfast in Exhibit Hall Mon 8:00 AM		
Continental Breakfast in Exhibit Hall Tues 8:00 AM		
Lunch in Exhibit Hall Tues 12:00 PM		
Continental Breakfast w/ Taking SEM Home Weds 7:30 AM		

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 Fee: \$ _____

TOTAL Amount Enclosed/Amt to be charged: \$ _____

My primary reason for attending AACRAO's SEM Conference is to (check only one):

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

Special Interests (check all that apply):

- First Timer Presenter
 Exhibitor Sponsor

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) _____

Organization Type (check only one):

- Educational Institution
 Non-Profit Organization
 Government Agency
 Corporation/Consultant

Area of Responsibility & Interest (check all that apply):

- Academic Advising Admissions
 Records/Registration Financial Aid
 Enrollment Management Student Affairs
 Transfer & Articulation Int'l Admissions
 Institutional Research Computer/IS
 Int'l Credential Evaluation
 OTHER: _____

Meeting Attendance History YES NO

Attended SEM in '19		
# of SEM Conferences attended		
Attended Annual Meeting in '19		
# of Annual Meetings attended		
Attended Tech/Transfer Conf in '19		
# of Tech/Transfer Conf attended:		

Special Meal Request

- Vegetarian
 Vegan
 Food Allergy/Dietary Requirement

Please explain: _____

Special Services

Please attach a description of requirements if you have needs that require accommodation.

Office Use Only	Date Received _____	Check # _____	Check Total _____
	Sheet Total _____	Date Entered _____	Entered by _____