



AACRAO Virtual SEM 2020

Corporate Participant Registration Form

28-30 October 2020

Fax to: 330-425-4983
 Mail to: AACRAO - IV
 PO Box 37500
 Baltimore, MD 21297-3500
 Questions call:
 800-310-7554/240-439-2554 or
 Email: AACRAOSEM@maritz.com

First Name _____ Last Name _____ Nickname _____

Job/Position Title _____ E-mail _____

Institution/Company _____ Telephone* _____ Fax* _____

*International registrants should list their country and city codes.

Address _____ Twitter Handle _____

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

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 Options:

| Registration Category (Please indicate with an X) | Registration Fees |
|---|--|
| CORPORATE MEMBER (not participating in the Sponsorship Program) | <input type="checkbox"/> \$1900 |
| CORPORATE NONMEMBER (not participating in Sponsorship Program) | <input type="checkbox"/> \$2200 |
| SPONSOR Complimentary Allotments: 2 per Standard; 3 per Deluxe; 4 per Executive | <input type="checkbox"/> Complimentary |
| Additional Member Sponsor or Corporate Presenter Paid Full Meeting Access | <input type="checkbox"/> \$500 |
| Additional Nonmember Sponsor or Corporate Presenter Paid Full Meeting Access | <input type="checkbox"/> \$700 |
| Solution Center Access Only Allotments: 0 per Standard; 2 per Deluxe; 4 per Executive | <input type="checkbox"/> Complimentary |
| Solution Center Access Only Not available to Standard Package Sponsors | <input type="checkbox"/> \$150 |

Special Interests (check all that apply):

First Timer
 Presenter
 Sponsor

Organization Type (check only one):

Non-Profit Organization
 Government Agency
 Corporation/Consultant

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

Academic Advising
 Admissions
 Computer/Information Systems
 Enrollment Management
 Financial Aid
 International Admissions
 Institutional Research
 Records and Registration
 Student Affairs
 Transfer & Articulation
 Other _____

Prior Meeting Attendance
 Attended SEM in '19? Yes No

of SEM Conferences attended _____

of Annual Meetings attended _____

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

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 to be Charged \$ _____