



2025 Technology & Transfer: A Learning Mobility Summit

Paper Registration Form

July 20 - 22, 2025 | Arlington, Virginia

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: _____
Title: _____ E-mail: _____
Institution/Company: _____ *Telephone: _____ *Fax: _____
Address: _____
City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____
Emergency Contact: _____ Phone: _____ Alt 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. If paying with a Credit Card, please use the online registration form.

2025 Technology & Transfer Summit Registration Fees:

| Full Conference Registration: | ON OR BEFORE May 31, 2025 | ON OR AFTER JUNE 1, 2025 | ON SITE |
|--|------------------------------|-----------------------------|---------|
| Institutional AACRAO Member | \$699 | \$899 | \$1,099 |
| Institutional Non-Member | \$849 | \$1,049 | \$1,249 |
| Int'l Institute + Full Conference Combo - Member | \$1,018 | \$1,188 | \$1,358 |
| Int'l Institute + Full Conference Combo - Non-Member | \$1,231 | \$1,401 | \$1,571 |

| Presenters: | ON OR BEFORE May 31, 2025 | ON OR AFTER JUNE 1, 2025 | SESSION ID |
|--------------------------------|------------------------------|-----------------------------|------------|
| Presenter AACRAO Member (-25%) | \$524 | \$674 | |
| Presenter Nonmember (-25%) | \$637 | \$787 | |

| Pre-Conference Workshops: | DATE | TIME | FEE (Member/ Non-Member) |
|------------------------------|------|---------------|--------------------------------|
| International Institute Only | 7/19 | 9:00AM-5:00PM | \$499 / \$599 |
| | | | |
| | | | |
| | | | |
| | | | |

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 | NO |
|--|-----|----|
| Attendee Social in Exhibit Hall: Sunday, July 20 - 5:30 PM | | |
| Breaks in the Exhibit Hall: Monday, July 21 - 10:15 AM & 2:30 PM | | |
| Break in the Exhibit Hall: Tuesday, July 22 - 10:00 AM | | |
| Plenary Session Luncheon: Monday July 21 1- 2:00 PM | | |
| Plenary Session Luncheon: Tuesday July 22 - 12:00 PM | | |

Guest and One-Day Passes Events:

| | |
|--|---|
| Number of guests (spouses, partners, children) Access to Exhibit Hall ONLY | \$300 x # |
| Guest Names: | |
| ONE DAY PASS (Roster Member) | Early Bird \$379 Regular \$479 Onsite \$579 |
| ONE DAY PASS (Non-Roster Member) | Early Bird \$429 Regular \$529 Onsite \$629 |

Payment Information: Tax ID 52-2274900 *Credit Card accepted through online registration only

Check #: _____ Name on Check: _____

Registration Fee _____ + Workshop Fee _____ = Total Enclosed _____

Please read and complete the consent section on the next page. Incomplete registrations will not be accepted. For special services, please attach a description of any needs that require accommodation.

My primary reason for attending the AACRAO Technology & Transfer: A Learning Mobility Summit is to (check only one):

Learn
Network
Deliver a presentation
Evaluate vendor products
Have fun

Special Interests (check all that apply):

First Timer Presenter
Exhibitor Sponsor

Pronoun Preference (Optional):

He/Him Xe/Xim
She/Her Ze/Hir
They/Them Ey/Em
Other: _____

Organization Type (check only one):

Educational Institution
Non-Profit Organization
Government Agency
Corporation/Consultant

Areas of Responsibility and Interest (check all that apply):

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

| | |
|---|--|
| Year of First SEM Conference Attended: | |
| Year of First Annual Meeting Attended: | |
| Year of First Tech/Transfer Conf. Attended: | |

Special Meal Request:

Vegetarian Vegan Diet/Allergy

If Allergy selected, please explain:



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Consents for 2025 Technology & Transfer: A Learning Mobility Summit Registration

INFORMATION SHARING WITH SPONSORS: AACRAO relies on support from sponsors to keep meeting costs low for attendees. We share the following information with sponsors: attendee name, title, institution, email, and institutional address. We also ask sponsors to limit solicitation emails to attendees. To read more about the AACRAO privacy policy, visit <https://www.aacrao.org/who-we-are/mission-vision-values/policies/privacy-policy>

I consent

I decline

CODE OF CONDUCT AGREEMENT: All AACRAO Event Attendees are required to adhere to the AACRAO Meetings Code of Conduct. Click here to view the Code of Conduct: https://www.aacrao.org/docs/default-source/meeting/annual-meeting/2023-annual-meeting/aacrao-code-of-conduct-for-conferences-events-meetings.pdf?sfvrsn=b514defc_1/

I consent

I decline

RECORDING CONSENT: By participating in this event, you acknowledge that you may be photographed and filmed, and you grant AACRAO and our affiliates the right to use, publish and copyright your picture, likeness and/or name in videos and/or photos taken during this event for use by AACRAO and our affiliates throughout the world, in perpetuity, and through all media.

I acknowledge

Office Use Only

Date Received: _____ Check Amount: _____ Check #: _____