



2019 AACRAO Annual Meeting Registration Form

March 31 – April 3 • Los Angeles, CA

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 _____ 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.

My primary reason for attending AACRAO's Annual Meeting 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
- Participant
- Volunteer Mentor

Meeting Attendance

- Attended Annual Meeting in 2018?
 Yes No
 # of Annual Meetings attended _____
 Attended Tech/Transfer Conference in 2018?
 Yes No
 # of Tech/Transfer Conferences attended _____
 Attended SEM Conference in 2018?
 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. _____

I'd like to learn more about becoming an AACRAO member.

- Yes
- No

I'd like to learn more about joining an AACRAO committee.

- Yes
- No

Indicate if you are interested in a Caucus:

- Asian-Pacific Islander Caucus
- Black Caucus
- Latino/Latina Caucus
- LGBTQA Caucus
- Native American Caucus
- Women's Caucus

Registration Category (Please indicate with an X)	By Feb 22	After Feb 22	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 Member Institution (Day: _____)	<input type="checkbox"/> \$420	<input type="checkbox"/> \$495	<input type="checkbox"/> \$520
One Day Nonmember Institution (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): _____			

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 2018-2019 & 2019-2020 Professional Activities Committees Luncheon	Sun 11:15am		\$0
Experience AACRAO (for First Time Attendees)	Sun 3:15pm		\$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 11:30am		\$50
International Educators' Reception	Tues 6:30pm		\$40
NNLSO Networking & Social Event (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 \$ _____

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