ACADEMIC AFFAIRS WINTER MEETING
NON-MEMBER REGISTRATION FORM

American Association of State Colleges and Universities (AASCU)
February 7-9 The Grand Hotel Point Clear, AL

Leading Change: Approaches to Institutional Transformation
(please type or print)

Name: First Name for Badge:

Title:

Institution:

Mailing Address:

City/State/Zip:

Office Phone: Fax: Attendee E-mail:

Twitter Handle:

Emergency Contact (please provide name and day/evening phone numbers of an individual not attending the Academic Affairs Summer Meeting):

Name:

Day Phone: Evening Phone:

Registration for Non-Members: $695

Fee includes all program sessions and materials; reception and opening dinner on Thursday; breakfast on Friday; lunch and reception on Saturday; and refreshments at all breaks. All AASCU chief academic officers are expected to register and pay the fee even if only participating in the program.

____ YES! I will attend the Opening Reception and Dinner on Thursday, February 7th, from 5:30 p.m. – 7:30 p.m. (no charge for registered attendees)

____ YES! I will attend the Closing Wine and Cheese Reception on Saturday, February 9th, from 5 p.m. – 6 p.m. (no charge for registered attendees)

Workshop for New Provosts: No Charge for Registered Attendees

A workshop for provosts who have been in their role for less than a year. There is no charge for this workshop, however you must register to attend.

_____ I would like to attend the Workshop for New Provosts from 1 p.m. – 3 p.m. on Thursday, February 7th.

Registration for Guests: $150
(A separate invoice will be sent for guest registration.)

I will have _____ guest(s) at $150 per person.

Guest Name(s) for Badge: _____

Guest registration includes: Opening Reception and Dinner on Thursday evening; Friday Breakfast; and Saturday Closing Reception.

Special Diet Request: (For all meal functions, attempts will be made to accommodate all special dietary requests with advance notice.)

Chief Academic Officer ____ Diabetic ____ Vegetarian ____ Gluten-Free ____ Vegan
List any Allergies:

Guests ____ Diabetic ____ Vegetarian ____ Gluten-Free ____ Vegan

List any Allergies:

Special Services Request: (if you have any special needs, or have a specific allergy, please communicate them to AASCU):_____

Fax or mail completed application to:
Felicia Durham, Academic Affairs Winter Meeting
American Association of State Colleges and Universities
1307 New York Avenue, NW, Fifth Floor
Washington, DC 20005-4701
Phone: 202-478-4673 • Fax: 202-296-5819 • E-mail: durhamf@aascu.org

Cancellation Policy:

- If you must cancel your registration, you will receive a full refund if the cancellation is before 5 p.m. EST on Friday, February 1st, 2013. There will be a $150 cancellation fee after that date. Special circumstances will be handled on an individual basis.
- Guest meals should be cancelled by 5 p.m. EST on Friday, February 1st, 2013 for a full refund; no refund is available after that date.

For Office Use Only

Batch:	Check #:	Date:
Amount $:	Invoice:	Date:

If you wish to pay by credit card, please fill out the information below. You will receive a receipt.

Name on Credit Card: _____

Type of Credit Card: *Circle One* AmEx MC VISA Discover

Credit Card # _____ Exp. Date: _____

CSV Code (REQUIRED SECURITY CODE ON CARD) _____

Check all that apply:

- ☐ Non-Member Registration- $695
- ☐ Workshop for New Provosts - $0
- ☐ Guest/Spouse Registration Fee - $150
- ☐ Additional Guest/Spouse Registration Fee - $150

Total to be charged to credit card $_____

Signature: _____