

**2009 AMERICAN DEMOCRACY PROJECT (ADP) NATIONAL MEETING  
REGISTRATION FORM**

Baltimore Marriott ® Waterfront, Baltimore, Maryland  
June 11-13, 2009

**Diversity and Civic Engagement**

(please type or print)

Name: \_\_\_\_\_ First Name for Badge: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Attendee E-mail: \_\_\_\_\_  
Attending Spouse/Guest Name: \_\_\_\_\_

**Billing Address if different from above:**

**Emergency Contact** (please provide name and day/evening phone numbers of an individual not attending the American Democracy Project National Meeting):

Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Meeting Fee:**

Fee includes all program sessions and materials; opening reception on Thursday; breakfast and lunch on Friday and Saturday; and refreshment breaks throughout the meeting. All meeting attendees, including presenters, are expected to pay the meeting registration fee.

<b>Please check appropriate line below.</b>	<b>Fee</b>
<input type="checkbox"/> <b>Single representative from a campus:</b>	<b>\$530</b>
<input type="checkbox"/> <b>Team member (per person rate for 2 or more from the same campus)</b>	<b>\$470</b>
<input type="checkbox"/> <b>Student Rate</b>	<b>\$360</b>
<input type="checkbox"/> <b>Opening Reception (please check if attending)</b>	<b>Free</b>
<input type="checkbox"/> <b>Closing Reception at Oriole Park at Camden Yards</b> <i>(includes food and drinks, and a baseball game in a private AASCU suite)</i>	<b>\$40</b>
<b>Total for Registrant:</b>	<b>\$ _____</b>

**Registration for Guests:**

A separate invoice will be sent for guests. Included in the guest registration fee is food and drinks during the opening reception on the USS Constellation, and Breakfast on Friday and Saturday.

**Guest Registration:**

I will have \_\_\_\_ guest(s) at \$75 per person. \$ \_\_\_\_

My guest will be attending the closing reception at Oriole Park at Camden Yards \$ \_\_\_\_  
at \$40 per person (*includes food, drinks, and a baseball game*)

**Total Guest Registration:** \$ \_\_\_\_

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

Participant \_\_\_\_\_ Diabetic \_\_\_\_\_ Vegetarian \_\_\_\_\_ Low Fat  
Guest/Spouse \_\_\_\_\_ Diabetic \_\_\_\_\_ Vegetarian \_\_\_\_\_ Low Fat

**Special Services Request:** (if you have any special needs, please communicate them to AASCU): \_\_\_\_\_  
\_\_\_\_\_

**Fax or mail completed application to:**

Felicia Durham, ADP Summer Meeting 2009  
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

**Important Notes**

- If you must cancel your registration, you will receive a full refund if the cancellation is before 5 p.m. on Friday, June 5th. Cancellation after that time will result in a \$150 cancellation fee to pay for meals already ordered. Special circumstances will be handled on an individual basis.
- Guest meals should be cancelled by 5 p.m. on Friday, June 5th, for a full refund; no refund is available after that date.
- It is important to register with AASCU; you will receive an invoice.
- AASCU Vendor ID #520-74-7578
- Texas ID #1-520-74-7578-9000

**For Office Use Only**

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