

Conference Registration Form

1. Attendee Information

BADGE NAME:

PREFIX: _____ FIRST NAME: _____ MI: _____ LAST NAME: _____

SCHOOL/ORGANIZATION: _____

PROGRAM/DEPARTMENT: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ POSTAL CODE: _____ COUNTRY: _____

DAYTIME PHONE: _____ FAX: _____ EMAIL: _____

IN THE EVENT OF AN ON-SITE EMERGENCY CONTACT: _____ TELEPHONE: _____

CHECK IF YOU ARE A:	LEVEL	SPECIALTY	SETTING
<input type="checkbox"/> First-Time Conference Attendee	<input type="checkbox"/> Program Coordinator/Manager	<input type="checkbox"/> Service-Learning	<input type="checkbox"/> K-12
<input type="checkbox"/> New Member	<input type="checkbox"/> Program Director	<input type="checkbox"/> Internships	<input type="checkbox"/> Community College
<input type="checkbox"/> AEE	<input type="checkbox"/> Faculty	<input type="checkbox"/> Cooperative Education	<input type="checkbox"/> Four-Year University
<input type="checkbox"/> CEIA	<input type="checkbox"/> Dean/Assistant Dean	<input type="checkbox"/> Workforce/Career Development	<input type="checkbox"/> Non-Profit/Community Partner
	<input type="checkbox"/> Teacher/Counselor	<input type="checkbox"/> Study Abroad	<input type="checkbox"/> Corporate Partner
	<input type="checkbox"/> Executive Director/CEO/COO	<input type="checkbox"/> Outdoor Education	<input type="checkbox"/> Government/State Agency
	<input type="checkbox"/> Corporate Recruiter	<input type="checkbox"/> Faculty	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

SELECT ALL THAT APPLY —>

2. NSEE Membership

NEW

Join NSEE when registering for the conference and be eligible to take advantage of the discounted registration rate! By joining today your membership will be effective **October 1, 2010–December 31, 2011**.

- Individual—\$135 Institutional, up to 4 people—\$450 Sustaining, up to 12 people—\$900
- Additional Institutional/Sustaining Members—\$85 each Student, currently enrolled full-time—\$40 Retired—\$95

Membership Sub-Total
Enter membership cost here: \$ _____

3. Pre-Conference Workshops

(Wednesday, October 6: **TRACK ONE:** 8:00AM–11:30AM, **TRACK TWO:** 12:15PM – 3:45PM)

Pre-Conference Workshop Registration includes workshop materials, coffee break, and lunch.

PLEASE SELECT ONE OR TWO PRE-CONFERENCE WORKSHOPS ATTENDING:

TRACK ONE (check only one from this section)

1. Fundamentals of Experiential Education
2. Legal Issues in Internships and Experiential Learning
3. Strengthening Experiential Education Within Your Institution
4. Student, Staff and Faculty Issues in Experiential Education
5. Building Research & Evaluation Capacity for Experiential Learning Programs

TRACK TWO (check only one from this section)

1. Assessment 101: Identifying, Understanding and Applying Outcomes Assessment in Experiential Learning
2. NSEE Principles of Ethical and Best Practice for Experiential Educators
3. Reflection: Making Experience Educative
4. Effective Experiential Education Program Design
5. Creating Quality Internships: Best Practices for Business, Government and Non-Profit Organizations

EARLY BIRD (BEFORE 9/25)

MEMBER:

\$200 FOR 2

\$125 FOR 1

NON-MEMBER:

\$250 FOR 2

\$170 FOR 1

REGULAR (AFTER 9/25)

MEMBER:

\$225 FOR 2

\$145 FOR 1

NON-MEMBER:

\$275 FOR 2

\$195 FOR 1

Pre-Conference Workshop Sub-Total
Enter the total of your selected workshops here: \$ _____

**...register online
at www.nsee.org**

4. Conference Registration

	SELECT ONLY ONE —>	EARLY BIRD (BEFORE 9/25)	REGULAR (AFTER 9/25)
Member.....	<input type="checkbox"/>	\$420.....	<input type="checkbox"/> \$470
Non-Member.....	<input type="checkbox"/>	\$575.....	<input type="checkbox"/> \$625
Student/Retired Member.....	<input type="checkbox"/>	\$150.....	<input type="checkbox"/> \$220
Student/Retired Non-Member.....	<input type="checkbox"/>	\$210.....	<input type="checkbox"/> \$280
Daily Member <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI.....	<input type="checkbox"/>	\$210.....	<input type="checkbox"/> \$220
Daily Non-Member <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI.....	<input type="checkbox"/>	\$265.....	<input type="checkbox"/> \$275

Conference Registration Sub-Total
Enter the cost of your registration here: \$

Full conference registration includes access to all sessions, conference materials and meals. Daily Registration includes access to all of the above for the specified day. Students must provide proof of full-time status.

5. Food Events, Activities and Additional Guests

ATTENDANCE:

- I plan to attend the Welcome Reception (Wednesday, October 6) I plan to attend the Awards Luncheon (Friday, October 8)

ADDITIONAL MEAL TICKETS (THIS OPTION IS FOR GUESTS/SPOUSES TO ATTEND MEAL FUNCTIONS):

- Welcome Reception (Wednesday, October 6) \$60 x ____ = \$ _____
- Awards Luncheon (Friday, October 8)..... \$60 x ____ = \$ _____
- Dietary Needs? If so, please explain: _____

Additional Meal Tickets
Enter the total of your tickets here: \$

6. Payment

- CHECK (PAYABLE TO NSEE) VISA MASTERCARD AMEX

Tax identification Number 52-1010211

CARD NUMBER _____

EXPIRATION DATE _____

CARDHOLDER NAME _____

SIGNATURE _____

Convenient Ways to Register

Mail to: **NSEE – Annual Conference 2010**
19 Mantua Rd., Mt. Royal, NJ 08061
TEL: 856.423.3427 (option 3 for event registration) FAX: 856.423.3420

ONLINE REGISTRATION: www.nsee.org

HOTEL RESERVATIONS: Don't forget to book a hotel room while registering for the conference: For hotel reservations, call 866-837-4148 or 704-375-2600. Be sure to mention NSEE when making your reservation to receive the special rate of \$159/night (plus taxes).

CANCELLATION POLICY: All cancellation requests must be received in writing by October 1, 2010. No refunds will be given for requests received after this date. NO EXCEPTIONS. There is a \$35 processing fee for all conference cancellations and a \$35 processing fee for all pre-conference workshop cancellations.

NOTE: Purchase Orders will not be accepted as a form of payment. Accounts must be paid in full prior to the conference.

Questions? Call NSEE Headquarters at 856.423.3427 (OPTION 3 FOR EVENT REGISTRATION)

Section Sub-Totals
Fill in you sub-totals from ALL sections:

+ Section 2.....	\$	<input style="width: 100px;" type="text"/>
+ Section 3.....	\$	<input style="width: 100px;" type="text"/>
+ Section 4.....	\$	<input style="width: 100px;" type="text"/>
+ Section 5.....	\$	<input style="width: 100px;" type="text"/>
+ NSEE Annual Fund Contribution (tax deductible).....	\$	<input style="width: 100px;" type="text"/>

PAYMENT TOTAL
Enter the total of ALL sections here: \$

FOR NSEE USE ONLY

Amount Received \$ _____

Date Received _____

Check No. _____

Date Entered _____

Entered by _____