



Faculty Advising: Collaborating for Success
Academic Advising Summer Institutes

CHECK ONE:

- Faculty Seminar ONLY (Portsmouth)**
- Faculty Seminar + Summer Institute (Portsmouth)**
- Summer Institute ONLY (Portsmouth)**
- Summer Institute ONLY (Austin)**

Name: _____
Last First M.I.

Job Title: _____

Institution: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail: _____

Mail with payment to:

NACADA
 2323 Anderson Avenue, Suite 225
 Manhattan, KS 66502-2912

Fax with Credit Card # or copy of
 Purchase Order to: 785-532-7732

For more information on NACADA,
 please e-mail nacada@ksu.edu or call
 (785) 532-5717.

REQUIRED: All NACADA communication is done electronically; therefore, it is essential we have your email address so you may receive the NACADA newsletter and other communications.

MEMBERSHIP INFORMATION: Complete the information below ONLY if you select "Renewing or New Member" registration option.

ROLE: (Choose 1)	DEMOGRAPHIC INFORMATION (Optional)		
<input type="checkbox"/> Faculty Advisor (FA)	Ethnic Background	Gender:	Birth Year:
<input type="checkbox"/> Academic Advisor/Counselor (PA)	<input type="checkbox"/> African Amer./Black	<input type="checkbox"/> Fem.	19 ____
<input type="checkbox"/> Advising Administrator (AA)	<input type="checkbox"/> Native American	<input type="checkbox"/> Male	
<input type="checkbox"/> Counselor (CN)	<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> Non-Institutional (NI)	<input type="checkbox"/> Asian American		
<input type="checkbox"/> Other (OT)	<input type="checkbox"/> European Amer./White		
	<input type="checkbox"/> Other		

USE OF INFORMATION: (to be excluded check box).

- Periodically NACADA distributes mailing lists to other educational entities

YOU MAY CHOOSE A TOTAL OF 4 OF THE FOLLOWING:

COMMISSIONS:	INTEREST GROUPS:
<input type="checkbox"/> C01 Advising Adult Learners	<input type="checkbox"/> C20 Health Professions Adv.
<input type="checkbox"/> C03 Multicultural Concerns	<input type="checkbox"/> C23 Distance Education Advising
<input type="checkbox"/> C05 Advising Administration	<input type="checkbox"/> C24 High School to College Adv.
<input type="checkbox"/> C06 Adv. Grad. & Prof. Students	<input type="checkbox"/> C25 Probat/Dismissal/Reinstate
<input type="checkbox"/> C07 Two-Year Colleges	<input type="checkbox"/> C28 Adv. High Achieving Stu.
<input type="checkbox"/> C08 Small Colleges & Univ.	<input type="checkbox"/> C31 First Gen. Coll. Student Adv.
<input type="checkbox"/> C11 Advising Business Majors	<input type="checkbox"/> C33 Adv. Fine Arts Students
<input type="checkbox"/> C12 Advising Student Athletes	<input type="checkbox"/> C34 Pre-Law Advising
<input type="checkbox"/> C13 Undecided/Exploratory Stu.	<input type="checkbox"/> C35 Canada
<input type="checkbox"/> C14 Technology in Advising	<input type="checkbox"/> C36 Native Amer. & Tribal Coll.
<input type="checkbox"/> C15 Faculty Advising	<input type="checkbox"/> C37 Peer Advising & Mentoring
<input type="checkbox"/> C16 Adv Students w/ Disabilities	<input type="checkbox"/> C38 Study Abroad
<input type="checkbox"/> C17 Advisor Training & Dev.	<input type="checkbox"/> C40 New Advising Professionals
<input type="checkbox"/> C18 LGBTQA Concerns	<input type="checkbox"/> C41 Appreciative Advising
<input type="checkbox"/> C19 Advising Transfer Students	<input type="checkbox"/> C42 Large Universities
<input type="checkbox"/> C21 Eng. & Science Advising	<input type="checkbox"/> C43 Academic Coaching
<input type="checkbox"/> C22 Advising Education Majors	<input type="checkbox"/> C44 Ethics & Legal Issues in Adv
<input type="checkbox"/> C26 ESL/Int'l Student Advising	<input type="checkbox"/> C45 History of Academic Adv
<input type="checkbox"/> C27 Theory & Phil. of Advising	<input type="checkbox"/> C46 Adv First-Year Students
<input type="checkbox"/> C30 Liberal Arts Advisors	<input type="checkbox"/> C47 Adv Military Students & Dependents
<input type="checkbox"/> C32 Assessment of Advising	

YEARS ADVISING:

- < 3 yrs. 3-5 yrs. 6-10 yrs. 11-15 yrs. > 15 yrs.

FOR OFFICE USE ONLY	
Initials: _____	Date: _____
CK#/Amt: _____	
Deposit #: _____	

INSTITUTION TYPE: (Check One)

- 2-Year 4-Year Public 4-Year Private

ACCESSIBILITY/DIETARY NEEDS

- Vegetarian meal is requested.
 List physical accessibility needs: _____
 Please indicate these needs by email to Diane at matteson@ksu.edu at least 3 weeks before the conference.

REGISTRATION:

Faculty Seminar ONLY	By June 1	After June 1
NACADA Individual Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$350
Renewing or New General Member*	<input type="checkbox"/> \$370	<input type="checkbox"/> \$405
Renewing or New Associate Member*	<input type="checkbox"/> \$390	<input type="checkbox"/> \$425
Non-member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$450

Faculty Seminar & Summer Institute – Portsmouth

NACADA Individual Member	<input type="checkbox"/> \$1,040	<input type="checkbox"/> \$1,075
Renewing or New General Member*	<input type="checkbox"/> \$1,095	<input type="checkbox"/> \$1,130
Renewing or New Associate Member*	<input type="checkbox"/> \$1,115	<input type="checkbox"/> \$1,150
Non-member	<input type="checkbox"/> \$1,240	<input type="checkbox"/> \$1,275

Summer Institute ONLY – Portsmouth

NACADA Individual Member	<input type="checkbox"/> \$725	<input type="checkbox"/> \$760
Renewing or New General Member*	<input type="checkbox"/> \$780	<input type="checkbox"/> \$815
Renewing or New Associate Member*	<input type="checkbox"/> \$800	<input type="checkbox"/> \$835
Non-member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$860

Summer Institute ONLY – Austin

	By July 5	After July 5
NACADA Individual Member	<input type="checkbox"/> \$725	<input type="checkbox"/> \$760
Renewing or New General Member*	<input type="checkbox"/> \$780	<input type="checkbox"/> \$815
Renewing or New Associate Member*	<input type="checkbox"/> \$800	<input type="checkbox"/> \$835
Non-member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$860

Total Due

\$ _____

*Includes membership for 1 year. Be sure to complete the information in the box to the left.

PAYMENT INFORMATION:

- Check #** _____
- P.O. #** (copy **must** be attached also) _____
- Credit Card** Visa MasterCard American Express

Card # _____ Expire date: _____

Print Card Holder's Name _____

Card Holder's Signature _____