



Academic Advising Summer Institute 2006

Check one:

- June 25–30, 2006 Portsmouth, VA
- July 30–August 4, 2006 Madison, WI

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 Summer Institute
 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 **★★**

<p>ROLE: (Choose 1)</p> <p><input type="checkbox"/> Faculty Advisor (FA)</p> <p><input type="checkbox"/> Academic Advisor/ Counselor (PA)</p> <p><input type="checkbox"/> Advising Administrator (AA)</p> <p><input type="checkbox"/> Counselor (CN)</p> <p><input type="checkbox"/> Non-Institutional (NI)</p> <p><input type="checkbox"/> Other (OT)</p>	<p>DEMOGRAPHIC INFORMATION: (Optional)</p> <p>Ethnic Background:</p> <p><input type="checkbox"/> African Amer./Black</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> European Amer./White</p> <p><input type="checkbox"/> Other</p> <p>Gender:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Birth Year: _____</p>
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USE OF INFORMATION: (to be **excluded** check box)

Periodically NACADA distributes mailing lists to other educational entities.

YOU MAY CHOOSE A TOTAL OF FOUR (4) OF THE FOLLOWING:

<p>COMMISSIONS:</p> <p><input type="checkbox"/> C01 Advising Adult Learners</p> <p><input type="checkbox"/> C03 Multicultural Concerns</p> <p><input type="checkbox"/> C05 Advising Administration</p> <p><input type="checkbox"/> C06 Advsg. Grad. & Prof. Students</p> <p><input type="checkbox"/> C07 Two-Year Colleges</p> <p><input type="checkbox"/> C08 Small Colleges and Universities</p> <p><input type="checkbox"/> C11 Advising Business Majors</p> <p><input type="checkbox"/> C12 Advising Student Athletes</p> <p><input type="checkbox"/> C13 Undecided/Exploratory Students</p> <p><input type="checkbox"/> C14 Technology in Advising</p> <p><input type="checkbox"/> C15 Faculty Advisors</p> <p><input type="checkbox"/> C16 Advsg. Students with Disabilities</p> <p><input type="checkbox"/> C17 Advisor Training & Development</p> <p><input type="checkbox"/> C18 LGBT Concerns</p> <p><input type="checkbox"/> C19 Advising Transfer Students</p> <p><input type="checkbox"/> C21 Engg. & Science Advising</p> <p><input type="checkbox"/> C22 Advising Education Majors</p> <p><input type="checkbox"/> C26 ESL/International Student Advising</p> <p><input type="checkbox"/> C30 Liberal Arts Advisors</p> <p><input type="checkbox"/> C32 Assessment of Advising</p>	<p>INTEREST GROUPS:</p> <p><input type="checkbox"/> C20 Health Professions Advising</p> <p><input type="checkbox"/> C23 Distance Education Advising</p> <p><input type="checkbox"/> C24 High School to College Advising</p> <p><input type="checkbox"/> C25 Probation/Dismissal/ Reinstatement Issues</p> <p><input type="checkbox"/> C27 Theory & Philosophy of Advising</p> <p><input type="checkbox"/> C28 Adv. High Achieving Students</p> <p><input type="checkbox"/> C31 First Generat. Coll. Student Advsg.</p> <p><input type="checkbox"/> C33 Advising Fine Arts Students</p> <p><input type="checkbox"/> C34 Pre-Law Advising</p> <p><input type="checkbox"/> C35 Canada</p> <p><input type="checkbox"/> C36 Native American & Tribal College</p> <p><input type="checkbox"/> C37 Peer Advising & Mentoring</p> <p><input type="checkbox"/> C38 Study Abroad Advising</p> <p><input type="checkbox"/> C39 Advising Urban Affairs Majors</p> <p><input type="checkbox"/> C40 New Advising Professionals</p>
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YEARS ADVISING:

< 3 years 3–5 years 6–10 years 11–15 years >15 years

INSTITUTION TYPE: (Check One)

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

ACCESSIBILITY/DIETARY NEEDS:

I am allergic to these foods _____

I have physical accessibility needs _____

Please indicate these needs by email to Diane at nacada@ksu.edu at least 3 weeks before the conference.

REGISTRATION OPTIONS:

Early discount applies for Portsmouth Institute before June 1, 2006
Early discount applies for Madison Institute before July 9, 2006

	Early	Later
<input type="checkbox"/> NACADA Individual Member	\$695	\$730
<input type="checkbox"/> Renewing or New Member	\$750	\$785
★★ Includes membership for 1 year, be sure to complete information in the box to the the left ★★		
<input type="checkbox"/> Non-member	\$795	\$835
Total Due	\$ _____	

PAYMENT INFORMATION:

Check # _____

P.O. # (attach copy) _____

Credit Card Visa MasterCard American Express

Card # _____

Expiration Date _____

Card Holder's Name _____

Card Holder's Signature _____

Nacada FEIN #: 48-1114759

FOR OFFICE USE ONLY

Initials: _____ **Date:** _____

Check #: _____

Deposit #: _____