

## Registrant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email (required): \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Please complete/print this form and fax or mail with payment to:

**NACADA Membership**  
2323 Anderson Ave. Suite 225  
Manhattan, KS 66502

**FAX: (785) 532-7732**

For more information, please email [nacada@ksu.edu](mailto:nacada@ksu.edu) or call (785) 532-5717

## Registration Options

Please select the web events for which you would like to register

Code	Event Title	Event Date	Current Member	Non-Member	Close Date	
DW84	<i>Academic Advising for "Double Dose" First Generation Students</i>	9/12/18	Through 8/12	After 8/12	\$250	COB 9/10/18
			\$125	\$150		
DW85	<i>Academic Advising and First-Year Students: The Power of Purpose and Movement toward Self-Efficacy</i>	11/6/18	Through 10/6	After 10/6	\$250	COB 11/2/18
			\$125	\$150		
DW86	<i>Academic Advising in their Language: Communicating with Today's Students</i>	12/4/18	Through 11/4	After 11/4	\$250	COB 11/30/18
			\$125	\$150		
DW87	<i>Incorporating Coaching Conversations into Academic Advising Practice</i>	2/6/19	Through 1/7	After 1/7	\$250	COB 2/4/19
			\$125	\$150		
DW88	<i>You Are Not So Smart: Academic Advising Edition</i>	3/6/19	Through 2/4	After 2/4	\$250	COB 3/2/19
			\$125	\$150		
DW89	<i>Academic Advising in an Era of Instant Gratification: The Pathway to Empowerment</i>	4/18/19	Through 3/18	After 3/18	\$250	COB 4/16/19
			\$125	\$150		
DW90	<i>Academic Advising and Anger: Keeping Advisors and Students Safe</i>	5/21/19	Through 4/21	After 4/21	\$250	COB 5/17/19
			\$125	\$150		

## Membership

If you are currently not a NACADA member and would like to become one, please refer to our online membership information at [nacada.ksu.edu](http://nacada.ksu.edu). Completing and submitting a membership form along with the appropriate fees will entitle you member pricing as shown on this form.

**Total Due: \$** \_\_\_\_\_

\*This completed form and a check or an approved APO must be received in the Executive Office at least two working days prior to the event.

## Payment (choose one)

Check in US dollars (payable to NACADA): # \_\_\_\_\_ \*returned check fee \$35

Agency Purchase Order (PO) MUST be attached: # \_\_\_\_\_

Credit Card (choose one): **Visa** **Mastercard** **American Express** **Discover**

Cardholders Signature Required: \_\_\_\_\_

Name on Card (print): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Number: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_

### For Office Use Only

Initials	Date
Ck#/Amt	
Batch#	
Notes:	

NACADA FEIN # 48-1114759