



2005 Conference Registration-Region 1

March 23-25, 2005 --- Montreal, Canada

Name: _____
 Last First MI Badge Name
 Job Title: _____
 Institution: _____
 Address: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Day Phone: _____ Evening Phone: _____
 Fax: _____ Email: _____

Mail with payment to:
NACADA Region Conference
 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, please
 e-mail nacada@ksu.edu or
 call (785) 532-5717

★★**Membership information:** Complete the information below
 ONLY if you select "Renewing or New Member" registration option.

Role: (Choose 1)
 Faculty Advisor (FA)
 Academic Advising Counselor (PA)
 Adv. Administrator
 Counselor (CN)
 Non-Institutional (NI)
 Other (OT)

Demographic Information (Optional)
EthnicBackground
 African Amer./Black
 Native Amer.
 Hispan/Latino
 Asian Amer.
 European Amer./White
 Other

Gender:
 Fem.
 Male

Age:
 Under 22
 22-30
 31-40
 41-50
 51-60
 61-70
 Over 70

USE OF INFORMATION: (to be excluded check box).
 Periodically NACADA distributes mailing lists to other educational entities

You may choose 4 of the following:

Commissions:
 C01 Advising Adult Learners
 C03 Multicultural advising
 C05 Advising Administration
 C06 Advsg. Grad. & Prof. Stud.
 C07 Two-Year Colleges
 C08 Small Colleges & Univ.
 C11 Advising Business Majors
 C12 Advising Student Athletes
 C13 Undecided/Exploratory Stu.
 C14 Technology in Advising
 C15 Faculty Advisors
 C16 Advsg. Students/Disabilities
 C17 Advisor Training & Devel.
 C18 LGBT Concerns
 C19 Advising Transfer Students
 C21 Engg. & Science Advising
 C22 Advising Education Majors
 C26 ESL/Internat'l Student Adv
 C30 Liberal Arts Advisors
 C32 Assessment of Advising

Interest Groups:
 C20 Health Professions
 C23 Distance Education Advising
 C24 High School to College Adv.
 C25 Probat/Dismissal/Reinstate
 C27 Theory & Application of Adv
 C28 Adv. High Achieving Stu.
 C31 First Generat. Coll. Student
 C33 Advising Fine Arts Stu.
 C34 Pre-Law Advising
 C35 Canada
 C36 Native Amer. & Tribal Col.
 C37 Peer Advising & Mentoring
 C38 Study Abroad
 C39 Adv Urban Affairs Majors

***Refer to the web for details on membership type, commissions and interest groups at www.nacada.ksu.edu**

Academic Area Curriculum in which you primarily advise (Choose 1)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Ecology	<input type="checkbox"/> Social Science
<input type="checkbox"/> Allied Health	<input type="checkbox"/> Engineering	<input type="checkbox"/> Humanities	<input type="checkbox"/> Undecided
<input type="checkbox"/> Architecture	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Law	<input type="checkbox"/> Multiple Areas
<input type="checkbox"/> Business	<input type="checkbox"/> Gen. Arts & Sciences	<input type="checkbox"/> Nat./Comp. Sci.	<input type="checkbox"/> Other

NACADA FEIN #: 48-1114759

REQUIRED: NACADA Communication is done electronically. It is essential we have your e-mail address so you may receive the newsletter, updates, etc.

ACCESSIBILITY/DIETARY NEEDS
 I have dietary needs: _____
 I have physical accessibility needs: _____
 Participants must also contact and confirm arrangements with:
 Marcia Mower, Registration Chairperson
mower@maine.edu before March 15, 2005

VOLUNTEER:
 I would like to volunteer to help at the conference.

REGISTRATION OPTIONS:	Fees in US Currency	
	Before Mar 2	After Mar 2
<input type="checkbox"/> Individual Current Member	\$ 110	\$ 145
<input type="checkbox"/> Renewing or New Member	\$ 165	\$ 195
★★Includes membership for 1 year, complete information in the box to the left. ★★		
<input type="checkbox"/> Student/Retiree	\$ 60	\$ 60
<input type="checkbox"/> Non-member	\$ 170	\$ 215

Preconferences
1:00-4:00 p.m.
 W1. Adv. Administrators' Wrkshp \$ 50 \$ 50
 W3. Improving Student Persistence \$ 25 \$ 25
1:00-5:00 p.m.
 W2. Conducting Advising Research No charge No charge
1:00-3:00 p.m.
 W4. The Act of Advising Students \$ 25 \$ 25
3:00-5:00 p.m.
 W5. Disability Services /Aca Adv. \$ 25 \$ 25

Total Due \$ _____
 Check # _____ (on US Bank in US funds)
 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 _____