

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 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>	3/5/19	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. 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