



National Association of College and  
University Business Officers

## Distance Learning Registration

Register online at [www.nacubo.org](http://www.nacubo.org)  
 Fax completed form to: **202-296-1592**  
 Mail completed form to:  
**NACUBO**  
**P.O. BOX 791331**  
**BALTIMORE, MD 21279-1331**

### I AM REGISTERING FOR THE FOLLOWING:

- LIVE Webcast  
 ON-DEMAND Webcast  
 Podcasts  
 Essentials of College & University Accounting  
*See Additional Registrants page*

PROGRAM NAME: \_\_\_\_\_ PROGRAM DATE: \_\_\_\_\_

REGISTRATION FEES: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_ PROGRAM LOCATION: \_\_\_\_\_

\* PAYMENT: REGISTRATION FORM MUST BE ACCOMPANIED BY A CHECK, PURCHASE ORDER, OR CREDIT CARD NUMBER PAYABLE IN U.S. DOLLARS TO NACUBO. IF PURCHASE ORDER IS CHOICE OF PAYMENT, AN INVOICE WILL BE MAILED WITHIN 24 HOURS TO REGISTRANT. IF PAYING BY CREDIT CARD, PLEASE SUPPLY THE FOLLOWING INFORMATION.

AMERICAN EXPRESS  DINERS CLUB  MASTERCARD  VISA

PURCHASE ORDER NUMBER:  
 \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FIRST REGISTRANT

\*PLEASE PRINT OR TYPE: IS THIS YOUR PERMANENT MAILING ADDRESS?  YES  NO

NAME: \_\_\_\_\_ BADGE NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ INSTITUTION/ORGANIZATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL REQUIREMENT: \_\_\_\_\_

*A confirmation will be emailed upon receipt of registration. If you do not receive a confirmation, contact NACUBO Customer Support Center 800.462.4916.*



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## ADDITIONAL REGISTRANTS

*This section is only for Essentials of College and University Accounting*

**\*PLEASE PRINT OR TYPE: IS THIS YOUR PERMANENT MAILING ADDRESS? [ ] YES [ ] NO**

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NAME: \_\_\_\_\_ BADGE NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ INSTITUTION/ORGANIZATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL REQUIREMENT: \_\_\_\_\_

**\*PLEASE PRINT OR TYPE: IS THIS YOUR PERMANENT MAILING ADDRESS? [ ] YES [ ] NO**

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NAME: \_\_\_\_\_ BADGE NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ INSTITUTION/ORGANIZATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL REQUIREMENT: \_\_\_\_\_