



# REGISTER NOW

Register Online at [www.nacubo.org](http://www.nacubo.org)

or simply fill out this registration form and  
FAX to 202-296-1592.

Or MAIL completed form and payment to:  
NACUBO  
PO Box 791331  
Baltimore, MD 21279-1331

## Here's How...

### MULTI-PERSON REGISTRATION FORM:

Program Name: \_\_\_\_\_ Program Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Registration Fees\*:** \$ \_\_\_\_\_ X \_\_\_\_\_ # of Registrants = \$ \_\_\_\_\_

\*Registration fees vary for each program, please see description for appropriate amount.

Regular, Provisional, Governing Board/System Office, Associate, Allied, Subscriber, and NAIS Affiliate members of NACUBO are all considered members and are eligible for special member fees.

**PAYMENT:** Registration form must be accompanied by a check, purchase order, or credit card number payable in U.S.dollars to NACUBO/CKML. If registering by purchase order, payment must be submitted before or received on-site at registration. NACUBO will not accept any registration without full pre-payment or purchase orders. If paying by credit card, please supply the following information (NACUBO accepts American Express, Diners Club, MasterCard and Visa):

American Express

Diners Club

MasterCard

Visa

Purchase Order #

\_\_\_\_\_   
 Card number

\_\_\_\_\_   
 Expiration date

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Date

**PLEASE PRINT OR TYPE:** Is this your permanent mailing address?  Yes  No

#### (REGISTRANT 1)

Name \_\_\_\_\_ Name to appear on badge \_\_\_\_\_

Position Title \_\_\_\_\_ Institution / Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate any special requirements: \_\_\_\_\_

I DO NOT WISH TO RECEIVE EMAIL OR FAX ANNOUNCEMENTS REGARDING NACUBO PROFESSIONAL DEVELOPMENT EVENTS



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## Here's How...

### ADDITIONAL REGISTRANTS

**PLEASE PRINT OR TYPE:** Is this your permanent mailing address?  Yes  No  
**(REGISTRANT 2)**

Name \_\_\_\_\_ Name to appear on badge \_\_\_\_\_

Position Title \_\_\_\_\_ Institution / Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate any special requirements: \_\_\_\_\_

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**PLEASE PRINT OR TYPE:** Is this your permanent mailing address?  Yes  No  
**(REGISTRANT 3)**

Name \_\_\_\_\_ Name to appear on badge \_\_\_\_\_

Position Title \_\_\_\_\_ Institution / Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate any special requirements: \_\_\_\_\_

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If more individuals are to be registered, please copy page 2, fill out and submit all pages together

