

REGISTRATION FORM

NASPA Western Regional Conference 2005 ~ Tucson, Arizona ~ November 10-12, 2005

Submit completed form with payment option:

1. With credit card payment information **FAX TO:** Tamara DeStefanis at (520-621-5646).
2. With check payment **MAIL TO:** Tamara DeStefanis, Program Director, The University of Arizona, ATTN: NASPA Western Regional Conference, Arizona Student Unions, PO Box 210017, Room 403, Tucson, AZ 85721

REGISTRANT INFORMATION

Name First _____ Last _____
Title _____
Institution _____
Department _____
Address _____
City _____
State _____
Zip Code _____
Telephone _____
Fax _____
Email _____

MEMBERSHIP INFORMATION

NASPA Member? Yes No Membership ID Number _____
Region V VI Years in Profession _____

REGISTRATION FEES

	EARLY BIRD <u>by 09/16/05</u>	REGULAR <u>after 10/01/05</u>	ON-SITE <u>after 11/01/05</u>	
Western Regional Conference – November 10-12				
NASPA Member <input type="checkbox"/>	\$225	\$275	\$275	\$ _____
Non Member <input type="checkbox"/>	\$250	\$300	\$300	\$ _____
Student Member <input type="checkbox"/>	\$175	\$225	\$225	\$ _____
Sodexo New Professionals Institute – November 9-10				
NASPA Member <input type="checkbox"/>	\$ 95	\$145	\$145	\$ _____
Non Member <input type="checkbox"/>	\$120	\$170	\$170	\$ _____
Sodexo Experienced Professionals Institute – November 9-10				
NASPA Member <input type="checkbox"/>	\$125	\$175	\$175	\$ _____
Non Member <input type="checkbox"/>	\$200	\$250	\$250	\$ _____

NOTE: Guest meal tickets will be available for purchase at on-site registration - \$40.00 per meal.

TOTAL DUE: \$ _____

SPECIAL REQUESTS

- Special Dietary Needs** (Please note that the selection indicated is final.)
 Vegetarian Vegan Other _____
- Accommodation request for Person(s) with Disabilities.**

PAYMENT TYPE

CHECK: Payable to *NASPA Western Regional Conference* (please include registrant name on the check)

CREDIT CARD Visa MasterCard American Express

Name on Credit Card: _____
Credit Card No.: _____ Expiration Date: _____
Signature _____

FOR NASPA USE ONLY	Received on _____	Entered on _____	Initials _____	Receipt No _____
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