



2007 NIRSA Region 1 Registration Form

November 8th-10th, 2007 Ithaca, NY

Up to six (6) individuals can be submitted per form.

| Program Information | | | |
|--|--|--|-------|
| Name of University/College/School/Program: | | | |
| Mailing Address | | | City |
| | | | State |
| | | | Zip |
| NIRSA Institution Member | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |

| | | | |
|--------------|--|---------------|--|
| Last Name | | First Name | |
| email | | Name on Badge | |
| NIRSA Member | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Affiliation | <input type="checkbox"/> Professional <input type="checkbox"/> Student |
| Last Name | | First Name | |
| email | | Name on Badge | |
| NIRSA Member | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Affiliation | <input type="checkbox"/> Professional <input type="checkbox"/> Student |
| Last Name | | First Name | |
| email | | Name on Badge | |
| NIRSA Member | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Affiliation | <input type="checkbox"/> Professional <input type="checkbox"/> Student |
| Last Name | | First Name | |
| email | | Name on Badge | |
| NIRSA Member | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Affiliation | <input type="checkbox"/> Professional <input type="checkbox"/> Student |
| Last Name | | First Name | |
| email | | Name on Badge | |
| NIRSA Member | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Affiliation | <input type="checkbox"/> Professional <input type="checkbox"/> Student |
| Last Name | | First Name | |
| email | | Name on Badge | |
| NIRSA Member | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Affiliation | <input type="checkbox"/> Professional <input type="checkbox"/> Student |

- For additional individuals from the same school or program, please complete sheet (page 1).
- Attach the Payment Form (page 2) with the registration sheet.
- Late Fee (\$20): **Professionals** register after October 22, 2007. **Students** – no late fee.

You can submit one of three ways:

1. Electronically: Fill-out and email back to Jen Gudaz at jag245@cornell.edu
2. Fax: 607-255-0217
3. Mail: Jen Gudaz 304 Helen Newman Hall.- Ithaca, NY 14853



| Worksheet Name of School/University/Program: | | |
|---|--------------------------|---------------------|
| Conference Registration Fees - Participant | Professional Affiliation | Student Affiliation |
| <ul style="list-style-type: none"> ▪ Registrant IS NIRSA Member ▪ Program IS a NIRSA Member Institution | _____ x \$ 100 | _____ x \$ 70 |
| <ul style="list-style-type: none"> ▪ Registrant IS NIRSA Member ▪ Program is NOT a NIRSA Member Institution | _____ x \$ 115 | _____ x \$ 70 |
| <ul style="list-style-type: none"> ▪ Registrant is NOT NIRSA Member ▪ Program IS a NIRSA Member Institution | _____ x \$ 120 | _____ x \$ 70 |
| <ul style="list-style-type: none"> ▪ Registrant is NOT NIRSA Member ▪ Program IS NOT a NIRSA Member Institution | _____ x \$ 135 | _____ x \$ 80 |
| Pre-Conference Activities – Free (registration requested) | Professional Affiliation | Student Affiliation |
| <ul style="list-style-type: none"> ▪ Ithaca Hike (Free – transportation provided) Time TBA | _____ x \$ 0 | _____ x \$ 0 |
| <ul style="list-style-type: none"> ▪ Student Track Pre-Conference Sessions (Thurs. 11:30am) | _____ x \$ 0 | _____ x \$ 0 |
| <ul style="list-style-type: none"> ▪ Flag Football Officials Clinic (Thurs. 1:00-4:00pm) | _____ x \$ 0 | _____ x \$ 0 |
| <ul style="list-style-type: none"> ▪ Professional Track Pre-Conference Session (Thurs. 1:30-5:30pm) | _____ x \$ 0 | _____ x \$ 0 |
| Late Fee (after October 22, 2007) | _____ x \$ 20 | No late fee. |

TOTAL : \$ _____

- Payment Attached Someone else has paid or will pay my registration fee

Person/school paying: _____

Check Payment

Make checks payable to: **Cornell University**

Mail to: Jen Gudaz (NIRSA Region 1 Conference)
304 Helen Newman Hall, Ithaca NY 14853

Credit Card Payment

Visa____ Mastercard____ Card Number_____ Exp Date_____

Name on the card_____

An invoice will be sent with the registration and a payment receipt will be sent when payment is processed. Payments must be received by October 22, 2007 to avoid a \$ 20 late fee.

*You will not be registered for the conference until your payments has been received. There is no late fee for students.