

NASSGAP 2007 FALL CONFERENCE

October 21 – 24, 2007

Hotel Park City

2001 Park Avenue, Park City, Utah 84068

www.hotelparkcity.com

Hotel Reservations: 888.999.0098 or 435.940.5000

Conference Registration Form

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check the line and circle the amount associated with the fee you are paying:

Registration type	Full Conference	Sunday &/or Monday only	Tuesday &/or Wednesday only
_____ NASSGAP member – registration postmarked by Oct.12	\$440	\$220	\$220
_____ NASSGAP member – registration postmarked after Oct.12	\$490	\$245	\$245
_____ Non-member – registration postmarked by Oct.12	\$1,440	\$720	\$720
_____ Non-member – registration postmarked after Oct.12	\$1,490	\$745	\$745

NASSGAP will refund the full conference registration fee upon a written request to the NASSGAP treasurer for such refund. The request must be received no later than seven days prior to the start of the conference or the date by which a meal count is required by the conference venue, whichever is earlier. Under extenuating circumstances, the established refund deadline may be waived based on a consensus of the Executive Committee that such circumstances warrant special consideration. When accepting a request for a refund after the established refund deadline, the Executive Committee may authorize a full or partial refund.

Is this your first NASSGAP Conference? _____ Yes _____ No

<u>ATTENDEE</u>	<u>GUEST(S)</u>		
Please indicate by ✓ the meals you will attend.	To purchase guest meal tickets, please indicate the # per meal and payment method.		
	<u>Meal Expense</u>	<u># per Meal</u>	<u>Cost</u>
_____ ✓ Sunday President's Reception	\$45.00	_____	\$ _____
_____ Monday Continental Breakfast	\$26.00	_____	\$ _____
_____ Monday Luncheon	\$30.00	_____	\$ _____
_____ Monday Group Dinner	\$65.00	_____	\$ _____
_____ Tuesday Continental Breakfast	\$26.00	_____	\$ _____
_____ Tuesday Luncheon	\$30.00	_____	\$ _____
_____ Wednesday Full Breakfast	\$40.00	_____	\$ _____
	Total		\$ _____
	Guest Payment Enclosed		\$ _____
	Payment Method: _____		

Mail completed registration form and payment;
Postmarked no later than **Oct 12, 2007** to:

Lee Andes, NASSGAP Treasurer
State Council of Higher Education for Virginia
James Monroe Bldg, 10th Floor
101 N. 14th St
Richmond VA 23219

After Oct. 12, 2007, please register at the conference.

Method of Payment:

_____ Check payable to NASSGAP

_____ Other

NASSGAP Federal ID# 71-0569634