

NASSGAP 2007 SPRING CONFERENCE

May 27-30, 2007

Washington Court Hotel

525 New Jersey Avenue, N.W., Washington D.C., 20001-1527

www.washingtoncourthotel.com

Hotel Reservations: 800.321.3010 or 202.628.2100

Conference Registration Form

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check the line associated with the fee you are paying:

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

Please indicate the meals you will attend. To purchase guest meal ticket(s), please indicate event(s) and payment method.

	Attendee	Guest(s)	
Sunday President's Reception	_____	\$40.00	\$ _____
Monday Continental Breakfast	_____	\$25.00	\$ _____
Monday Luncheon	_____	\$50.00	\$ _____
Monday Group Dinner	_____	\$60.00	\$ _____
Tuesday Continental Breakfast	_____	\$25.00	\$ _____
Tuesday Luncheon	_____	\$50.00	\$ _____
Wednesday Full Breakfast	_____	\$40.00	\$ _____
		Total:	\$ _____
Guest Payment Enclosed: \$ _____		To Be Paid at Conference: \$ _____	

Mail completed registration form and payment postmarked no later than May 11, 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

Method of Payment:

_____ Check payable to NASSGAP

_____ Other

NASSGAP Federal ID# 71-0569634

After May 11, 2007, please register at the conference.