2010 National Student Education Conference

Hosted by the Philadelphia & Vicinity Chapter • Philadelphia, PA • November 4 – 7, 2010

Registration Form

Registration form must be postmarked or fax-dated by October 1, 2010, for early registration fees/pricing to apply.
No registrations will be accepted after October 29, 2010.

Full Name: _____ Nickname (for badge): _____

University: _____ Phone: _____ Fax: _____

Address: _____ Member ID: _____

City/State/ZIP: _____ E-mail: _____

Emergency Contact Name/Relationship: _____

Emergency Contact Number: _____

Student Chapter: _____

* Please note that the registration fee does not include room accommodations. The Philadelphia & Vicinity Chapter has a room block at the Holiday Inn Express Midtown, however, it is the responsibility of all registrants to make their reservations. To reserve a room, contact the Holiday Inn Express Midtown, 1305 Walnut St., Philadelphia, PA, by phone at (215) 735-9300, by fax at (215) 732-2593 or via e-mail at *midtown@himidtown.com*. Double Rooms available for $149 per night plus tax. When making reservations, refer to CMAA National Student Education Conference room block.

Please remit proper payment (check or credit card):

$_____ Full Student Registration (Includes admission to all education sessions, continental breakfasts, refreshment breaks, lunches, dinners, networking/social events, club tours and all program materials.)
$225 if postmarked/faxed by October 1, 2010
$255 if postmarked/faxed after October 1, 2010

$_____ Full Faculty Advisor/Liaison Manager Registration (Includes admission to all education sessions, continental breakfasts, refreshment breaks, lunches, dinners, networking/social events, club tours and all program materials.)
$250 if postmarked/faxed by October 1, 2010
$280 if postmarked/faxed after October 1, 2010

$_____ TOTAL DUE

All cancellations must be in writing and will ONLY be accepted from the attendee and no other party. If you must cancel your reservation, you may send a substitute attendee at any time at no extra cost; please notify CMAA of this change. Refunds will be paid to the person whose name appears on the check or the owner of the credit card. *No refunds will be made after October 29, 2010.*

METHOD OF PAYMENT

❑ Check (payable to CMAA) ❑ Personal Card ❑ American Express ❑ Visa ❑ MasterCard

Card Number: / / / / / / / / / / / / / / / / Exp. Date: _____/_____

Signature: _____ **Total Amount Due:** **$**

Billing ZIP Code: _____

FAX Credit Card Payments to:
(703) 739-0124

MAIL Credit Card and Check Payments to:
Club Managers Association of America
PO Box 1918
Merrifield, VA 22116-1918