



# Registration Form

## NSLDC PRIDE SAN FRAN 2020

Mail or Fax this form, or Register Online at [www.nsldcpride.org](http://www.nsldcpride.org)

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### Contact Information

College/University \_\_\_\_\_

\*Contact Name \_\_\_\_\_

\*This person will be the main contact for your group

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

### Registrant Information

#### Registrant #1

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Attendee Type:  Student

Advisor \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  2XL Preferred Pronouns  
(Optional): \_\_\_\_\_

#### Registrant #2

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Attendee Type:  Student

Advisor \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  2XL Preferred Pronouns  
(Optional): \_\_\_\_\_

#### Registrant #3

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Attendee Type:  Student

Advisor \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  2XL Preferred Pronouns  
(Optional): \_\_\_\_\_

#### Registrant #4

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Attendee

Type:  Student  Advisor T-Shirt Size:  S  M  L  XL  2XL Preferred  
Pronouns (Optional): \_\_\_\_\_

Registrant #5

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Attendee

Type:  Student  Advisor T-Shirt Size:  S  M  L  XL  2XL Preferred

Pronouns (Optional): \_\_\_\_\_

Registrant #6

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Attendee

Type:  Student  Advisor T-Shirt Size:  S  M  L  XL  2XL Preferred

Pronouns (Optional): \_\_\_\_\_

The earlier a college or university registers, the more affordable the conference becomes. Your school can register today and submit names later in the year. All Registrations must be received or post-marked before the dates below. Registration cost is per person.

All registrations must be received or post-marked before the dates below.

	<b>Early Bird Sept. 30, 2019</b>	<b>Standard Dec. 30, 2019</b>	<b>Last Chance / On-Site</b>
<b>1-6 People (Per Person)</b>	\$345.00	\$375.00	\$395.00
<b>7-14 People (Per Person)</b>	\$335.00	\$365.00	\$385.00
<b>14+ People (Per Person)</b>	\$325.00	\$355.00	\$375.00

Registration Fee: \$ \_\_\_\_\_ x \_\_\_\_\_ (# of attendees)

Grand Total in U.S. Dollars: \$ \_\_\_\_\_

Payment Methods (All registrations must be paid by the conference date)

Check enclosed (make payable to The Miller Institute)

Bill Me (NSLDC's Federal ID #26-1302800) Our Purchase Order Number is: \_\_\_\_\_

Charge my credit card:  MasterCard  Visa  Discover  AmEx

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVN (3-digit code): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

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- **Cancellation Policy:** All cancellations must be received in writing 15 days before the conference date. Refunds will be given only for cancellations received 30 days before the beginning date of this conference, less a \$100 processing fee per person and any credit-card processing fees. No refunds of any kind will be made after this date. Students and/or advisors who register but do not attend the conference will pay the entire registration fee, but name changes to your list of registrants may be made at any time.
  - **Special Needs:** If you have accessibility or accommodations needs that fall under the regulations of the Americans with Disabilities Act, please write to [Info@nslcdc.org](mailto:Info@nslcdc.org). Registrants shall be responsible for the cost of any auxiliary aids (including engagement of and payment to specialized services providers, such as sign-language interpreters). Any requests must be submitted in writing at least six weeks before the conference.

I have read all the conditions of this registration form and accept the terms.

X Signature: \_\_\_\_\_ (required) I agree to the terms outlined above.