

CASE VI CONFERENCE REGISTRATION FORM *Denver Jan 11-13, 2004*

REGISTRATION INSTRUCTIONS

Registering for the CASE District VI conference is as easy as 1-2-3.

1 Print both pages of this form. Photocopy this form for additional registrants, even if you are part of a group from one institution.

2 Complete all sections; please print or type. The information you provide will be used for all conference correspondence and name badges.

3 Mail or fax payment. Please do not send registrations by commercial overnight carriers.

Mail to: CASE Lockbox
CASE District VI
P.O. Box 714382
Columbus, OH 43271-4382

Web: Register online at www.casevi.org.

Fax to: 330-963-0319
If you are faxing your registration form, please indicate the total number of pages being sent.

Number of pages including cover sheet: _____

fax number _____

signature _____

REFUND/CANCELLATION POLICY

Refunds will be made if the conference registration chair is notified in writing by 5 p.m. (CST) Friday, December 12, 2003. Notification will be accepted via mail or fax. A \$50 handling fee will be charged for cancellations. Cancellation requests by telephone will not be accepted. No refunds will be made due to illness or inclement weather.

To make a refund request, write or fax:

Erin Verry
Maryville University
13550 Conway Rd.
St. Louis, Mo. 63141
Fax 314-529-9918.

REGISTRATION INFORMATION *(Please print)*

First name _____ Last name _____

Badge name _____
(First name as you'd like it to appear on name badge)

Please refer to "Title/Institution Abbreviations" list on the second page of this form.

Title _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

CASE ID number _____

E-mail address _____

Spouse/Guest Registration

First name _____ Last name _____

Badge name _____
(First name as you'd like it to appear on name badge)

REGISTRATION FEES

A full registration includes the following: Buffet social on Sunday evening; breakfast, lunch, and break on Monday; breakfast, lunch and break on Tuesday. *NOTE: The Tuesday night Awards Dinner is not included in the full registration fee.*

	Amount
Postmarked by December 5, 2003	
<input type="radio"/> Early Bird Group-CASE member institution (5 or more; must be mailed together)	\$350 _____
<input type="radio"/> Early Bird Individual-CASE member	\$375 _____
Postmarked December 6 through December 19, 2003	
<input type="radio"/> Individual CASE member	\$425 _____
Other Registration Fees	
<input type="radio"/> Individual non-member	\$475 _____
<input type="radio"/> New Professional to Advancement	\$ 75 _____
<input type="radio"/> NEW Tuesday night Awards Dinner (full conference registrant).....	\$15 _____
<input type="radio"/> Tuesday night Awards Dinner (partial and non-conference registrant)	\$40 _____
<input type="radio"/> One day registration (includes meals for the day).....	\$150 _____
Please indicate day attending <input type="radio"/> Sunday <input type="radio"/> Monday <input type="radio"/> Tuesday	

After December 19, 2003
(Registration on-site only after this date. No additional charge for on-site registration.)

Spouse/Guest Fees	
<input type="radio"/> Sunday evening reception	\$20 _____
<input type="radio"/> Monday lunch.....	\$23 _____
<input type="radio"/> Tuesday lunch.....	\$21 _____
<input type="radio"/> Tuesday awards reception and dinner	\$40 _____

Total Amount Enclosed \$ _____

Important Confirmation of registration will be e-mailed within 7 days of receipt.

PAYMENT OF FEES

- This is part of a group registration.**
(All group-eligible registrations must be received together.)
- This is an individual registration.**
-
- Institutional or personal check**
*(Please indicate "institutional" or "personal" by circling the appropriate term.
 Make checks payable to CASE VI.)*
- Institutional or personal credit card**
(Please indicate "institutional" or "personal" by circling the appropriate term.)
- Visa** **MasterCard** **American Express**
- I authorize the balance due to be charged to my credit card.**

Card number _____ Expiration date _____

Name on card *(print)* _____

Signature _____

Registration cannot be accepted without payment of appropriate fees. Mail to:

CASE Lockbox
 CASE District VI
 P.O. Box 714382
 Columbus, OH 43271-4382

Special Needs

- Yes, I have special access, dietary, or other requirements. (A CASE district volunteer will contact you to discuss your needs.)

For Office Use Only:

Date Received _____

Check # _____

Date Entered _____

Total Amount of Check _____

Entered by _____

Sheet Total _____



SURVEY

Please provide the following information, which we will use in our final conference planning efforts.

What is your gender?

- Female Male

Number of years in institutional advancement:

- Less than 1 year 10-19 years
 1-5 years 20 years or more
 6-9 years

Ethnicity:

- African American Hispanic
 Asian/Asian American Native American
 Caucasian Multiracial

Number of years in current position: _____

Is this your first CASE conference?

- Yes No

Is this your first CASE District VI conference?

- Yes No

If you answered NO above, how many District VI conferences have you attended?

- 1-4 conferences 5 or more

Are you the chief officer in any of the following areas? *(Check all that apply.)*

- Advancement
 Alumni Relations
 Communications
 Foundations/Corporate Relations
 Fund Raising
 I am not the chief officer of any area

Indicate your primary areas of responsibility:

- Advancement Services
 Alumni Relations
 Fund Raising
 Government Relations
 Institutional Relations
 Overall Management of Advancement Functions
 University Communications, Publications, Periodicals

Type of Institution:

- Two-year private
 Two-year public
 Four-year private
 Four-year public
 Independent school (K-12)

Number of alumni/friends in your institution's database:

- less than 10,000 records
 11,000-19,000 records
 20,000-29,000 records
 30,000-39,000 records
 40,000-49,000 records
 50,000 records or more

Program track you are most likely to attend:

- Alumni
 Communications
 Fund Raising
 Management

TITLE/INSTITUTION ABBREVIATIONS

Please use for registration information.

Title/Abbreviation

Advancement.....Advmt
 Affairs.....Affrs
 Alumni.....Alum
 Annual Fund.....AnnFnd
 Annual Giving.....AnnGiv
 Assistant.....Asst
 Associate.....Assoc
 Association.....Assn
 Campaign.....Camp
 Capital.....Cap
 Chancellor.....Chanc
 Communication/s.....Comm/s
 Coordinator.....Coord
 Director.....Dir

Title/Abbreviation

Foundation.....Fndn
 Giving.....Giv
 Institutional.....Instl
 Manager.....Mgr
 Marketing.....Mark
 Officer.....Offr
 Parents' Programs.....ParPrg
 Periodicals.....Per
 Planned Giving.....PlnGiv
 Public Affairs.....PA
 Public Relations.....PR
 Publications.....Pubs
 Relations.....Relns
 Vice President.....VP

Institution/Abbreviation

College.....Col
 Community.....Cmty
 Foundation.....Fndn
 Institute.....Inst
 Polytechnic.....Poly
 School.....Sch
 Technological.....Tech
 Theological.....Theo
 University.....Univ