

CASE VI Conference Registration

Kansas City, Jan 12-14, 2002

REGISTRATION INSTRUCTIONS

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



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



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



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

Mail to: CASE District VI
Conference Registration
P.O. Box 75918
Cleveland, OH 44101-2199

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: _____

REFUND/CANCELLATION POLICY

Full refunds will be made if the conference registration chair is notified in writing by 5 p.m. (CST) Friday, December 13, 2002. Notification will be accepted via mail or fax.

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: Susan Hopkins, University of Missouri-Kansas City, 5100 Rockhill Road, Kansas City, Mo. 64110, fax 816-235-5189.

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, break, and awards dinner on Tuesday.*

	Amount
<input type="radio"/> Postmarked by December 6, 2002	
<input type="radio"/> Early Bird Group-CASE member institution (5 or more; must be mailed together)	\$325 _____
<input type="radio"/> Early Bird Individual CASE member	\$350 _____

Postmarked December 7 through December 20, 2002

<input type="radio"/> Individual CASE member	\$400 _____
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Other Registration Fees

<input type="radio"/> Individual non-member	\$450 _____
<input type="radio"/> New Professional to Advancement (includes Saturday dinner)	\$ 75 _____
<input type="radio"/> One day registration (includes meals for the day)	\$125 _____

Please indicate day attending Sunday Monday Tuesday

After December 20, 2002

(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.

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
 1-5 years
 6-9 years
 10-19 years
 20 years or more

Ethnicity:

- African American
 Asian/Asian American
 Caucasian
 Hispanic
 Native American
 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

Special Needs

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

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.

For Office Use Only:

Date Received _____

Check # _____

Date Entered _____

Total Amount of Check _____

Entered by _____

Sheet Total _____

DISTRICT
CASE VI