

REGISTRATION FORM

GOVERNANCE LEADERSHIP INSTITUTE ON DIVERSITY 2008

August 3–5, 2008 — Santa Ana Pueblo, New Mexico

ATTENDEE INFORMATION (PLEASE PRINT)

NAME: _____
LAST FIRST

NICKNAME FOR BADGE: _____
NAME

TITLE: _____

COLLEGE/ORGANIZATION: _____

MAILING ADDRESS:

NO. AND STREET _____

CITY/STATE/ZIP _____

ATTENDEES E-MAIL: _____

PHONE: _____

FAX (FOR CONFIRMATION): _____

E-MAIL (FOR CONFIRMATION): _____

REGISTRATION:

(Includes Continental Breakfast / Lunch Monday and Tuesday, Reception on Sunday and all meeting materials.)

<input type="checkbox"/> Member Registration	\$600.00	\$ _____
<input type="checkbox"/> Non-Member Registration	\$800.00	\$ _____
	GRAND TOTAL	\$ _____

Payment: (check one)

Check (enclosed) MasterCard Visa (*American Express not accepted*)

CREDIT CARD NUMBER: _____

EXPIRATION DATE (MONTH/YEAR): _____

NAME (AS IT APPEARS ON CARD) _____
PLEASE PRINT

SIGNATURE: _____

I agree to pay the total amount according to the card-issuer agreement

REGISTRATION DEADLINE:

So that proper arrangements can be made,
please register by **July 28, 2008**.

REGISTRATION IS EASY!!!

MAIL:

Registration form must be accompanied by a check payable to "Association of Community College Trustees" (Not ACCT) or credit card information and mailed to: Association of Community College Trustees, P.O. Box 714002, Columbus, OH 43271-4002.

FAX:

Fax registrations to 330-963-0319 (will only be accepted with credit card information/signature)

ON-LINE:

www.acct.org (Credit Card Transactions only)

QUESTIONS:

Call: 330-425-9330 or
Email: acct@experient-inc.com

CANCELLATIONS must be in writing and submitted via fax to 330-963-0319 or e-mailed to acct@experient-inc.com. Refunds less \$200 processing fee will be issued for cancellations received by July 28, 2008.

No refunds will be issued after that date.



Association of Community College Trustees
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Washington, D.C. 20036
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Fax: 866-904-ACCT (2228)
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