



REGISTRATION IS EASY!!!

- **Mail:** Registration form must be accompanied by 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 emailed to acct@experient-inc.com. Refunds (less \$200 processing fee) will be issued for cancellations received by October 9, 2008. **No refunds will be issued after that date.**

ATTENDEE INFORMATION: (please print clearly)

Last Name: _____

First Name: _____

Nickname for Badge: _____

Title: Trustee Board Chair College President

Professional Board Staff: (title) _____

Other: (please list) _____

College/Organization: _____

Address: _____

City/State/Zip: _____

Attendees E-mail: _____

Phone: _____

Fax for confirmation: _____

E-mail for confirmation: _____

Name of Guest Attending: _____

Is this your first ACCT Congress? If so, please check here.

SPECIAL REQUESTS:

Check here if you have physical or dietary needs and attach an explanation. ACCT will contact you.

HOTEL/HOUSING: ACCT is coordinating all hotel reservations.

Your hotel reservation will not be processed unless accompanied by your Congress Registration. Please check one of the following:

- My housing form is attached
- I am a local resident and will not require housing
- I am sharing a room

COLLEGE TOURS: (No Charge. Please indicate 1st and 2nd choice.)

- | | | |
|--|------------------------------|------------------------------|
| Bronx Community College | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd |
| Borough of Manhattan Community College | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd |
| Queensborough Community College | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd |
| Hostco Community College | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd |

ACCT MEMBER REGISTRATION PACKAGE:

(Includes Thursday Breakfast, Thursday & Friday Luncheons, Friday Annual Awards Gala, and Saturday Brunch.) Please order tickets for guests below. Choose: (Check one.)

- Received by September 18: **\$950** \$ _____
- Received After September 18: **\$1150** \$ _____

ACCT MEMBER REGISTRATION:

(Meals not included.)

- Received by September 18: **\$525** \$ _____
- Received After September 18: **\$725** \$ _____

ACCT LEADERSHIP ACADEMY: \$525

Participants of the ACCT Leadership Academy are also required to register for the Annual Congress \$ _____

ACCT Pre-Congress Chair's Institute: **\$175** \$ _____

ACCT Pre-Congress Academies: \$125 (each)

- Effective Board Governance \$ _____
- Presidential Contracts/Presidential Evaluation \$ _____

If your College Board or Organization does not belong to ACCT, add \$200 \$ _____

(Join by November 1, 2008 and this additional fee will be credited towards membership)

REGISTRATION TOTAL \$ _____

ADDITIONAL TICKETS: Do not order tickets for Thursday Breakfast, Thursday, Friday, and Saturday Luncheons or the Friday Annual Awards Gala for person ordering package. You must pay a registration fee to be eligible to purchase individual tickets for you or your guests. Tickets may not be available on site.

FUNCTION	NO. OF TICKETS	TOTAL
General Session Breakfast (Thursday)	____ @ \$60	\$ _____
General Session Luncheon (Thursday)	____ @ \$80	\$ _____
General Session Luncheon (Friday)	____ @ \$80	\$ _____
Annual Awards Gala (Friday)	____ @ \$125	\$ _____
General Session Brunch (Saturday)	____ @ \$80	\$ _____

TICKET TOTAL _____ \$ _____

GRAND TOTAL \$ _____

PAYMENT: (check one)

- Check (enclosed) MasterCard Visa
- (NOTE: American Express not accepted)

Credit Card Number: _____

Expiration Date: (Month/Year) _____

CVV2/CVC2/CID Code: _____

Name on card: (Please print) _____

Signature: _____

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