

# ACCT LEADERSHIP CONGRESS 2008 — REGISTRATION



## 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: \_\_\_\_\_

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; 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 |
| Hostos Community College               | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd |
| LaGuardia 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** \$ \_\_\_\_\_

## PRE-CONGRESS ACADEMIES:

- ACCT Leadership Academy: \$525** \$ \_\_\_\_\_

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

- ACCT Gov. Leadership Institute: \$175** \$ \_\_\_\_\_

- Presidential Contracts/ Presidential Evaluation: \$125** \$ \_\_\_\_\_

- Policy Board Governance: \$125** \$ \_\_\_\_\_

- 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) \_\_\_\_\_

CV2/CVC2/CID Code: \_\_\_\_\_

Name on card: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_

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