|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2019 CASE ASAP Network Convention Registration Form** | | | | | |
| ***INSTRUCTIONS:***  *Please complete this form and email it to* [*MemberSupportCenter@case.org*](mailto:MemberSupportCenter@case.org) *with Subject Line: ASAP Convention. CASE will create an invoice based on the information in this form and Email you an invoice within 2-3 business days. Instructions for providing payment will be provided in the Email.* | | | | | | |
| **Step 1: Adviser Information**  *Please fill out this section for the main adviser in attendance. Additional advisers can be listed in step 2.*  ***If you, as the adviser, will not attend, please see the box in step 2.*** | | | | | | |
| Adviser Full Name:  *(as it will appear on badge)* | | | |  | | |
| Adviser Nickname:  *(if applicable, as it will appear on badge)* | | | |  | | |
| Job Title: | | | |  | | |
| Institution Name: | | | |  | | |
| How many years have you been a CASE ASAP adviser? | | | |  | | |
| Is this your first year attending the CASE ASAP Convention as an adviser? | | | | Yes  No | | |
| Name of Student Advancement Group: | | | |  | | |
| **Step 2: Additional Advisers** | | | | | | |
| How many additional advisers (not including yourself) will attend? | | | Choose an item. | | | |
| Check the box to the right if the student group will ***not*** be accompanied by any advisers at all. | | |  | | | |
| **Step 3: Your student group**  *Select your group size below. You will be notified how to enter student attendee names via an online process after payment is received.* | | | | | | |
| How many students will attend the CASE ASAP Network Convention? | | | | Choose an item. | | |
| **Step 5: Emergency Contact Information**  *Required*. Please list at least one emergency contact for the adviser listed in **Step 1** **ONLY**.  **Advisers should maintain the emergency contact information for those in their group.**  ***Student Emergency contacts are not captured here.*** | | | | | | |
|  | | **Contact 1** | | | **Contact 2, if desired** | |
| Name of emergency contact | |  | | |  | |
| Relationship | |  | | |  | |
| Phone Number | |  | | |  | |
| Phone Number Type | | Cell Home Work | | | Cell Home Work | |
| Additional Comments | |  | | |  | |
| **Cancellation Policy** | | | | | | | |
| Cancellations must be made in writing by 5:00 PM EST via email at membersupportcenter@case.org. Refunds may be made on main conference fees only. Refer to the following timeframes for refund deadlines. After the deadline, CASE is unable to refund due to injury, illness or inclement weather. Name changes from the same institution are permitted at any time.   |  |  | | --- | --- | | Cancel by July 11, 2019 | CASE will refund the registration | | Cancel between July 11-17, 2019 | CASE will refund the registration minus a 10 percent cancellation fee | | Cancel on or after July 18, 2019 | No refunds allowed. Only credit can be obtained. | |  | No-shows will not be refunded conference fees | | | | | | | | |
| **YES, I have read and understand the cancellation policy** | | | | | | ***\*Required*** | |

Thank you for your registration!

Please **Email this form to** [**MemberSupportCenter@case.org**](mailto:MemberSupportCenter@case.org) **with subject line “ASAP Convention”**.

An invoice will be created using the information from this form and returned to you via email in 2-3 business days along with instructions for providing payment. If we do not get back to you within 3 business days, please call the CASE Member Support Center at +1 (202) 328-2273 9 am – 5 pm Eastern, Monday-Friday to ensure that we received your registration form.

Please note: To receive the first tier of early bird pricing, your form must be received by 11:59 pm on June 14, 2019. To receive regular registration pricing, your form must be received by 11:59 pm on July 12, 2019. Registration forms received after 12:00am July 12, 2019 will receive late registration pricing.