# March 24-March 26, 2017 • The Renaissance Long Beach Hotel 111 East Ocean Boulevard • Long Beach, CA

| REGISTRATION INFORMATION   | ☐ This is my firs☐ Workshop Pre | et NCCCC Conference<br>esenter                                   | ☐ I am a current I☐ Emeriti | member   |                  |
|--|---------------------------------|--|-----------------------------|--|------------------|
| Name   | Job T                           | ītle   |                             |  |                  |
| College/University   | Cento                           | er   |                             |  |                  |
| Business Mailing Address   |                                 |  |                             |  |                  |
| City   | State/Providence/Country        |  | Zip                         |  |                  |
| Work Phone   |                                 |  |                             |  |                  |
| Fax  | Emai                            | il   |                             |  |                  |
| Special Needs, including dietary and vegetarian  |                                 |  |                             |  |                  |
| Please check if you prefer not to share your contact infor   | mation with attend              | dees and/or sponsors   |                             |  |                  |
| <b>DEADLINE &amp; FEES</b> Advanced registration is due prior to February 15, 2017. available basis only. The 2014, 2015 and 2016 Conference on Friday and Saturday. | es SOLD OUT so RE               | ne conference made a<br>GISTER EARLY to guar<br>and Registration | antee your space! Re        | 7 will be accepted on a gistration fee includes ebruary 15 | a space<br>Iunch |
|  | Regular                         | Member   | Regular                     | Member   |                  |
| ☐ Full Conference (2 1/2 Days)   | \$635                           | \$485  | \$735                       | \$585  |                  |
| ☐ One Day (Choose one) ☐ Fri. ☐ Sat. ☐ Sun.  | \$355                           | \$355  | \$455                       | \$455  |                  |
| Please note: Lead presenters receive a \$50 discount of  | off of the full regis           | tartion rate.  |                             |  |                  |
| PAYMENT METHOD   |                                 |  |                             |  |                  |
|  | -1587614).                      |  |                             |  |                  |
| Card # 🗖 VISA 🗖 MasterCard (Preferred payment method vi  | a credit card)                  | Security Code  | (Last three digits on ba    | ck of card, found on signat                                | ture line.,      |
| Cardholder Name  |                                 | Exp. Date  |                             |  |                  |
| Card Billing Street Address  |                                 |  |                             |  |                  |
| City   | State                           | Zip  |                             |  |                  |
| Authorized Signature   |                                 | Date   |                             |  |                  |

### SUBSTITUTION POLICY

If you are unable to attend the Conference, then you may transfer your registration to another person. Please note there is no sharing of registrations. NCCCC must be notified in writing by the original registrant or authorized representative of the organization paying for the registration. The substitute registrant must be qualified to receive your registration rate or the difference between the two fees will be charged.

#### **CANCELLATION POLICY**

Cancellation notices must be submitted to NCCCC via e-mail to tonyap@campuschildren.org or via fax to (615) 614-3723. Cancellations received on or prior to January 15, 2017 will receive a refund minus a \$25 processing fee. Cancellations after that date are not eligible for refunds or credit toward any future NCCCC events.

#### HOTEL INFORMATION

All reservations must be made by March 1, 2017. Hotel room rate \$169 (plus tax). The reservation number is (562) 437-5900.

## SUBMIT REGISTRATION TO:

National Coalition for Campus Children's Centers 188 Front Street, Suite 116-104 Franklin, TN 37064 (615) 614-3723 or email to tonyap@campuschildren.org.



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