

ASGA Fall Student Government Summit Registration Form

Mail or Fax this form, or Register Online at asgafallsummit.com

Contact Information

College/University _____

*Contact Name _____

*This person will be the main contact for your group

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-mail _____

Registrant Information

Registrant #1 (Emergency Contact Attending Conference)

Name _____ Title _____ E-mail _____

Cell Phone Number _____ Can this number receive text messages? Yes No

Name for Conference Nametag (if different than above) _____ Gender: Male Female

Attendee Type: Student Advisor

Registrant #2

Name _____ Title _____ E-mail _____

Name for Conference Nametag (if different than above) _____ Gender: Male Female

Attendee Type: Student Advisor

Registrant #3

Name _____ Title _____ E-mail _____

Name for Conference Nametag (if different than above) _____ Gender: Male Female

Attendee Type: Student Advisor

Registrant #4

Name _____ Title _____ E-mail _____

Name for Conference Nametag (if different than above) _____ Gender: Male Female

Attendee Type: Student Advisor

Registrant #5

Name _____ Title _____ E-mail _____

Name for Conference Nametag (if different than above) _____ Gender: Male Female

Attendee Type: Student Advisor

Registrant #6

Name _____ Title _____ E-mail _____

Name for Conference Nametag (if different than above) _____ Gender: Male Female

Attendee Type: Student Advisor

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Registrant #7

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #8

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #9

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #10

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #11

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #12

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #13

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #14

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

Registrant #15

Name _____ Title _____ E-mail _____
Name for Conference Nametag (if different than above) _____ Gender: Male Female
Attendee Type: Student Advisor

***More than 15 registrants, please list
Name/Title/E-mail on separate page***

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Conference Fees (per person)

ASGA Member? Yes No

ASGA Members: **Super Early Bird – Register & Pay by September 9, 2022: \$289**

Early Bird – Register & Pay by October 7, 2022: \$314

Regular – Register & Pay by October 28, 2022: \$339

Last Chance – Register & Pay by November 11, 2022: \$364

On-Site – Register & Pay November 12, 2022: \$424

Non-Members: **Super Early Bird – Register & Pay by September 9, 2022: \$389**

Early Bird – Register & Pay by October 7, 2022: \$414

Regular – Register & Pay by October 28, 2022: \$439

Last Chance – Register & Pay by November 11: \$464

On-Site – Register & Pay November 12, 2022: \$524

Registration Fee: \$ _____ x _____ (# of attendees)

Grand Total in U.S. Dollars: \$ _____

Payment Methods (All registrations must be paid by the conference date)

Check enclosed (make payable to ASGA)

Bill Me (ASGA's Federal ID #80-0359515) Our Purchase Order Number is: _____

Charge my credit card: MasterCard Visa Discover AmEx

Credit Card #: _____ Exp. Date: _____ CVN (3-digit code): _____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Please inform us in advance if you require:

■ Vegetarian meals: Yes How Many? _____ ■ *Vegan meals: Yes How Many? _____

■ *Non-Gluten meals: Yes How Many? _____ ■ *Kosher meals: Yes How Many? _____

*(Extra cost will apply. Contact conferences@asgaonline.com for details).

Conference fees include admission to all workshops and presentations, extensive hand-outs, a continental breakfast (usually coffee, juice, fruit, bagels, muffins), a boxed lunch (usually choice of sandwich, chips, fruit, cookie, and drink), a 10% discount on ASGA membership for schools joining after the conference, a 35% discount on in-person consulting, and one-hour private consultations by appointment only. Dinner, travel and airfare, hotel accommodations, transportation to and from the conference location, and incidentals are not included.

Cancellation Policy: All cancellations must be received in writing. Refunds will be given only for cancellations received eight weeks before the beginning date of this conference, less a \$75 processing fee per person and any credit-card processing fees. No refunds of any kind will be made after this date. Students and/or advisors who register but do not attend the conference will pay the entire registration fee, but name changes to your list of registrants may be made at any time. ASGA will issue a full purchase-price credit for future conference attendance or ASGA membership renewal, less \$75 per person, to any registrant unable to attend the event, provided ASGA is notified in writing 48 hours before the start of the scheduled event.

Special Needs: If you have accessibility or accommodations needs that fall under the regulations of the Americans with Disabilities Act, please write conferences@asgaonline.com. Registrants shall be responsible for the cost of any auxiliary aids (including engagement of and payment to specialized services providers, such as sign-language interpreters). Any requests must be submitted in writing at least six weeks before the conference.

Please read and sign: We understand that the American Student Government Association (ASGA), the conference host, and any other conference partners or suppliers will not have any responsibility or liability for personal injury incurred while traveling to and from ASGA's Spring Student Government Summit or at any time on the conference site(s). We understand that ASGA and the conference host will not have responsibility or liability for any actions of any companies that are directly or indirectly involved with the conference.

Additionally, we agree that any video, audio, or photographs taken of our students and/or advisors may be used by ASGA for future promotional purposes. I have read all the conditions of this registration form and accept the terms.

X Signature: _____ (required) **I agree to the terms outlined above.**

Four Convenient Ways to Register

Web: asgafallsummit.com • **Mail:** 412 NW 16th Ave., Gainesville, FL 32601-4203
FAX: 352-373-8120 • **Toll Free:** 1-877-ASK-ASGA (1-877-275-2742)