ASGA Fall Student Government Summit Registration Form

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

Contact Information						
College/University						
*This person will be the main	contact for your group					
Title						
			Zip			
	FAX					
Registrant Information	nn					
	gency Contact Attending Co	nference)				
_	Title		E-mail			
Cell Phone Number		Can this number re	eceive tex	ct messac	ges? 💷	Yes □ No
	etag (if different than above)				-	
Attendee Type: ם Stud						
Registrant #2						
Name	Title		E-mail			
	etag (if different than above)					
Attendee Type: 🗖 Stud	ent 🗖 Advisor					
Registrant #3						
Name	Title		E-mail			
Name for Conference Nam	netag (if different than above) $__$			Gender:	☐ Male	☐ Female
Attendee Type: 🗖 Stud	ent □ Advisor					
Registrant #4						
Name	Title		E-mail			
Name for Conference Nam	etag (if different than above)			Gender:	☐ Male	☐ Female
Attendee Type: 🗖 Stud	ent □ Advisor					
Registrant #5						
Name	Title		E-mail			
Name for Conference Nam	Title netag (if different than above)			Gender:	☐ Male	☐ Female
Attendee Type: 🗖 Stud	ent 🖪 Advisor					
Registrant #6						
Name	Title		E-mail			
Name for Conference Nam	Title netag (if different than above)			Gender:	☐ Male	☐ Female
	ent □ Advisor					

Registrant #7					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗅 Student 🗅 Advisor					
Registrant #8					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: ☐ Student ☐ Advisor					
Registrant #9					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗅 Student 🗅 Advisor					
Registrant #10					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗆 Student 🗅 Advisor					
Registrant #11					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗅 Student 🗅 Advisor					
Registrant #12					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗖 Student 🗖 Advisor					
Registrant #13					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗆 Student 🗅 Advisor					
Registrant #14					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	☐ Female
Attendee Type: 🗆 Student 🗅 Advisor					
Registrant #15					
Name	Title	E-mail			
Name for Conference Nametag (if different t	han above)		Gender:	☐ Male	□ Female

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

Attendee Type: ☐ Student ☐ Advisor

conterence rees (per person			
ASGA Member? Yes	☐ No		
ASGA Members: Super Early Bird - Register & Pay Bird - Register & Pay Bird - Register & Pay Bird Last Chance - Register & Pay Bird On-Site - Register & Pay Bird Site - Register & Pay	y by October 11, 2024: \$314 by November 1, 2024: \$339 Pay by November 15, 2024:	1	, 2024: \$289
Non-Members: Super Early	-		2024: \$389
☐ Early Bird - Register & Pay ☐ Regular - Register & Pay ☐ Last Chance - Register & ☐ On-Site - Register & Pay N	by November 1, 2024: \$439 Pay by November 15, 2024:		
Registration Fee: \$	x(# of a	ttendees)	
Grand Total in U.S. Dollars:	\$ _		
Payment Methods (All registra	ations must be paid by the c	onference date)	
☐ Check enclosed (make pa	yable to ASGA)		
☐ Bill Me (ASGA's Federal ID	#80-0359515) Our Purchas	e Order Number is:	
☐ Charge my credit card:	☐ MasterCard ☐ Visa	☐ Discover ☐ A	ımEx
Credit Card #:	Exp. Date: _	CVN (3-0	digit code):
Name on Card:			
Billing Address:	City:	State: _	Zip:
Please inform us in advanc			
■ Vegetarian meals: ☐ Yes H		egan meals: 🖵 Yes	
■*Non-Gluten meals: ☐ Yes *(Extra cos	How Many? ■ *Ko st will apply. Contact <u>conferences@asg</u> a	osher meals:	How Many?
Conference fees include admission to all works muffins), a boxed lunch (usually choice of sanconference, a 35% discount on in-person cons	shops and presentations, extensive hand-out dwich, chips, fruit, cookie, and drink), a 10%	ts, a continental breakfast (usua 6 discount on ASGA membership by appointment only. Dinner, tra	p for schools joining after the evel and airfare, hotel accom-
Cancellation Policy: All cancellations must be ning date of this conference, less a \$75 process date. Students and/or advisors who register bu istrants may be made at any time. ASGA will is per person, to any registrant unable to attend to	sing fee per person and any credit-card procut do not attend the conference will pay the ϵ isue a full purchase-price credit for future co	essing fees. No refunds of any kentire registration fee, but name nference attendance or ASGA m	ind will be made after this changes to your list of reg- embership renewal, less \$75
Special Needs: If you have accessibility or accenferences@asgaonline.com. Registrants shall services providers, such as sign-language inter-	I be responsible for the cost of any auxiliary	aids (including engagement of a	and payment to specialized
Please read and sign: We understand the conference partners or suppliers will not has Spring Student Government Summit or at a have responsibility or liability for any action Additionally, we agree that any video, audic promotional purposes. I have read all the conference of the co	ve any responsibility or liability for perso any time on the conference site(s). We un as of any companies that are directly or in b, or photographs taken of our students a	nal injury incurred while trave nderstand that ASGA and the ndirectly involved with the cor and/or advisors may be used l	eling to and from ASGA's conference host will not ofference.
X Signature:	(red	quired) I agree to the to	erms outlined above

Four Convenient Ways to Register
Weh: 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)