



# Group Registration Form

NCAN is pleased to offer group discount rates to organizations registering five or more attendees from the same organization. To register your group, submit this form via email to Tong Lee at [leet@collegeaccess.org](mailto:leet@collegeaccess.org) or by mail to National

College Access Network / 1001 Connecticut Ave, NW, Suite 300 / Washington, DC 20036.

## SECTION 1: General Information

	Early Registration May 8 – Aug. 16, 2019	Regular Registration Aug. 17 – Sept. 6, 2019	Late Registration Sept. 7 – Sept. 18, 2019
NCAN Members	\$600	\$700	\$800
Non-members	\$700	\$800	\$900

## SECTION 2: Group Main Point of Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization/Company \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## SECTION 3: Attendees

### ATTENDEE 1

First Name		Last Name		
Email		Phone		
Dietary Preference	<input type="checkbox"/> Gluten free <input type="checkbox"/> None <input type="checkbox"/> Vegetarian/Vegan	Does attendee want to share his/her contact information with event sponsors and exhibitors?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Fee

### ATTENDEE 2

First Name		Last Name		
Email		Phone		
Dietary Preference	<input type="checkbox"/> Gluten free <input type="checkbox"/> None <input type="checkbox"/> Vegetarian/Vegan	Does attendee want to share his/her contact information with event sponsors and exhibitors?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Fee

**ATTENDEE 3**

First Name		Last Name		
Email		Phone		
Dietary Preference	<input type="checkbox"/> Gluten free <input type="checkbox"/> Vegetarian/Vegan	<input type="checkbox"/> None	Does attendee want to share his/her contact information with event sponsors and exhibitors?	<input type="checkbox"/> No <input type="checkbox"/> Yes
				Fee

**ATTENDEE 4**

First Name		Last Name		
Email		Phone		
Dietary Preference	<input type="checkbox"/> Gluten free <input type="checkbox"/> Vegetarian/Vegan	<input type="checkbox"/> None	Does attendee want to share his/her contact information with event sponsors and exhibitors?	<input type="checkbox"/> No <input type="checkbox"/> Yes
				Fee

**ATTENDEE 5**

First Name		Last Name		
Email		Phone		
Dietary Preference	<input type="checkbox"/> Gluten free <input type="checkbox"/> Vegetarian/Vegan	<input type="checkbox"/> None	Does attendee want to share his/her contact information with event sponsors and exhibitors?	<input type="checkbox"/> No <input type="checkbox"/> Yes
				Fee

**If registering more than 5 people, please submit another Group Registration Form.**

### SECTION 4: Method of Payment

<b>Total Amount Due</b>  <hr/> <b>Payment Options</b> <input type="checkbox"/> Check enclosed <input type="checkbox"/> Invoice me <input type="checkbox"/> Charge my credit card	<b>Credit Card Information</b> Type of Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express Number: <hr/> Expiration Date: <hr/> Name on Card: <hr/> Signature: <hr/> Date: <hr/>
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