



**CSCC 2019 Conference Registration Form
NCIA Members**

Use this form to register for the CSCC 2019 Conference.

Name:		Job Title:	
Name as it should appear on a nametag:			
Institution:			
Street Address/PO Box:			
City:		State:	Zip:
Phone:		Email: (required)	

The email address is required to receive a receipt for payment, listserv announcements, and a conference survey. The conference nametag will include first name, last name, and institution only.

CSCC 61st Annual Conference Registration, March 28-30, 2019, Westin San Diego, CA:

NCIA Member Registration Fee = \$200.00

Please register and reserve your hotel room by **March 6, 2019**, which is the Westin hotel's reservation deadline. (See instructions below for how to register and reserve a hotel room.)

Lunch on March 29 and breakfast on March 30 will be provided as part of the conference registration fee. Dinner each evening is on your own. Registration provides access to the entire conference,

Newcomer? First-time CSCC Conference attendees are invited to participate in our conference newcomer mentor networking program. You will be matched with an experienced CSCC member mentor who will offer a personal introduction to the conference and CSCC. An email will be sent to you by email before the conference with the name and contact information of your mentor. You must register by Wednesday, March 6, 2019 to participate.

Yes, I am a Newcomer and would like to be assigned a CSCC Mentor for the conference. I agree to come to the Opening Reception at 5:30pm on Thursday, March 28, 2019.

Reserve a Hotel Room:

The 2019 conference hotel is the Westin San Diego, 400 West Broadway, San Diego, CA 92101.

To reserve a hotel room at the CSCC block rate, or to see additional information about the conference, visit the 2019 CSCC Conference web page, www.cscconline.org/2019.

Payment Information:

NCA Member Registration Fee: \$ 200

Donation to Graduate Student Registration Fund: \$ _____
The Graduate Student Registration Fund helps to increase access of graduate students to the CSCC network through lower registration costs.

If paying by credit/debit card, add \$6 for processing: \$ _____

Total Payment: \$ _____

Credit Card Payments:

Name on Card _____

Check here if you would like us to call you to provide your credit card information over the phone.

Please provide the best phone number where you can be reached: _____

Credit Card # _____

Expiration Date _____

3 or 4-digit security code # _____

5 digit billing zip code associated with card _____

A receipt will be sent to the email address provided on the first page. If you would like the receipt sent to other email addresses, please list them here:

Please allow ten business days for a receipt to be emailed. Thank you.

Please mail or email this form with payment to:
Council for the Study of Community Colleges (CSCC)
c/o Bill J Priest Center
1155 Union Circle #305039
University of North Texas
Denton, TX 76203-5017
Email: coe-csc@unt.edu
Phone: 940-565-4725; Fax: 940-369-7177
Website: www.cscconline.org/2019



Please make checks payable to CSCC.
Federal ID #95-2916060