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AMERICAN ASSOCIATION OF UNIVERSITY ADMINISTRATORS

www.aaua.org

2017 LEADERSHIP SEMINAR REGISTRATION FORM
 (Please Print Clearly)

REGISTRATION:

Full Name (as you wish it to appear on name badge):

___ Discounted Early Seminar Registration: \$125. (Deadline: April 15th).

First Name/Nickname (as you wish it to appear on name badge):

___ Seminar Registration: \$175 (Not accepted after May 31st).

___ Graduate Student Registration: \$60. (Deadline: April 15th). *Identify degree program and major area of study in "Job Title" space at left.*

Job Title (as you wish it to appear on name badge):

___ Poster Presenter Registration: See acceptance letter for financial requirements. (Deadline: April 15th).

___ June 7th Pre-seminar Career Development Workshop for Academic Deans – "Moving to the Next Level": No charge, but must be registered for the seminar. (Deadline: May 7th). *Open only to individuals currently serving as an academic dean in an American college or university.*

Institution (as you wish it to appear on name badge):

___ June 7th Board of Directors Meeting (including dinner): No charge. *Open only to members of the AAUA Board of Directors.*

Institution Location (city, state, country):

___ Friday Awards Luncheon: Included at no additional charge for award recipients/guest, poster presenters, or seminar participants; \$40 per ticket for other non-seminar participants. (Indicate total number of tickets desired. Including yourself.) **NOTE: Participants who remain present through the Friday Awards Luncheon will receive complimentary membership in AAUA for the 2017-18 membership year {a \$100 value}.**

Email Address:

___ Optional participation in Friday social/cultural event (see website for details): \$60 per ticket. (Indicate total number of tickets desired.)

FEE PAYMENT MUST ACCOMPANY REGISTRATION FORM. RETURN OPTIONS:

Postal Mail: 10 Church Road, Wallingford, PA 19086 | E-mail: aaua@aaua.org | Fax: 610-565-8089

If paying by credit card, please provide the following information. (Only Visa and Master Card accepted.)

Name on Card:		Credit card type: ___Master Card ___Visa	
Billing address for card: (Include number, street, and zip code)			
Card number:	Card expiration date:	Security number:	
Amount to be charged:	Card holder's signature:		