



2017 NACSW Convention Student Volunteer Application & Registration

Name: _____

Primary E-mail: _____ Alternate E-mail: _____

Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

College/University that you attend: _____

Currently, I am a(n): Undergraduate student Master student Doctorate student

Are you the designated leader for your group? Yes No

If you answered "No" to the question above, please list your group leader: _____

Is this your first time attending a NACSW convention? Yes No

Accommodations

I'll be staying at the Crowne Plaza Charlotte Executive Park. I understand I need to make my own reservation by calling 1-800-227-6963 or 1-866-380-0612 and that I must tell the Hilton that I am affiliated with the North American Association of Christians in Social Work in order to receive the preferred rate.

Other _____

We ask our volunteers to wear a conference t-shirt during their assigned volunteer shifts. We will provide t-shirts at the convention.

Preferred T-shirt size: Small Medium Large 1X Large 2X 3X

Volunteer Schedule Choices:

Please list your 1st and 2nd choices for your volunteer slot.

_____ Thursday, November 2, 2017 (must be available between 7am and 10pm)

_____ Friday, November 3, 2017 (must be available between 7am and 10pm)

_____ Saturday, November 4, 2017 (must be available between 7am and 10pm)

Do you have experience connecting LCD projectors to laptop computers? Yes No

What day and time will you be arriving at the convention? _____

What day and time will you be leaving the convention? _____

Please add any additional comments about days/times you will not be available to volunteer (for example, if you are a workshop presenter). _____

PAYMENT

\$110 Non-member Rate (includes 6-month NACSW membership at no additional cost
OR

\$90 Member Rate (applies to current individual members of NACSW only)

****NOTE****Registration rate includes attendance to all convention workshop sessions, plenary sessions and banquet, but not pre-convention institutes.

My check or money order is enclosed and made payable to: NACSW

OR

My credit card information is provided below. Please bill my credit card \$_____ convention registration.

Visa MasterCard American Express

Cardholder's Name _____

Card Number _____ Card Expiration Date _____ / _____

Billing Address _____

CVV Number _____ (For Visa or MasterCard, this is the last three digits of the number printed on the signature strip on the back of your card. For American Express, this appears as a separate 4-digit code printed on the front of your card.)

REFUND POLICY

Refunds, minus a \$25 processing fee, are available, if requested, until October 13, 2017. After this date refunds are not available.

STUDENT VOLUNTEER AGREEMENT

I would like to be a student volunteer at NACSW Convention 2017 in Charlotte, North Carolina to be held from November 2-5, 2017. I understand that in exchange for volunteering at the Convention a half day to a full day, I will receive this discounted student volunteer registration rate to the Convention.

Signature _____ Date _____

Please provide us with an emergency contact person while you are joining us at the convention.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please mail this form and your registration payment no later than October 13, 2017 to:

NACSW

P.O. Box 121

Botsford, CT 06404

If you have questions or concerns about your application, please contact the NACSW office at info@nacs.org or 203-270-8780.

Note: NACSW may videotape or take photographs of convention participants. These may be posted on NACSW's website. If you have a concern about photo/video usage, contact the NACSW office at 888-426-4712.