

## 2013 NACSW Convention: Student Volunteer Application & Registration

Name:			
Primary E-mail:Alternate E-mail:			
Mailing Address:			
City:	State:		Zip Code:
Cell Phone:			
College/University that you attend: _			
Currently, I am a(n): [ ] Undergrad	luate student [ ] Master s	tudent [ ] Doo	ctorate student
Are you the designated leader for you	r group? [] Yes [] No		
If you answered "No" to the question	above, please list your group le	eader:	
ACCOMMODATIONS			
[ ] I'll be staying at the Sheraton Atla [ ] Other	nta Hotel. I understand I need	to make my own re	eservation.
Preferred T-shirt size: [ ] Small	[ ] Medium [ ] Large	[ ] X Large	[ ] XX Large
Volunteer Schedule Choices: By marking 1, 2 or 3 on the lines, plea	se list your 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> choi	ces for days to volu	unteer.
[ ] Thursday, October 17, 2013 (mus	t be available between 7am and	d 10pm)	
[ ] Friday, October 18, 2013 (must be	e available between 7am and 10	Opm)	
[ ] Saturday, October 19, 2013 (must	be available between 7am and	l 10pm)	
[ ] Sunday, October 20, 2013 (must b	oe available between 8am and 1	l1am)	
Do you have experience connecting L	CD projectors to laptop compu	ters? [ } Yes [	] No
Do you have experience using a video	camera for recording people/e	events? [ } Yes	[ ] No
What day and time will you be arrivin	g at the convention?		
What day and time will you be leaving	g the convention?		
Please add any additional comments workshop presenter			

PAYMENT					
[ ] \$104 Non-member Rate (includes 6-month NACSW membership at no additional cost [ ] \$88 Member Rate (applies to current individual members of NACSW only)					
**NOTE**Registration rate includes attendance to a preconvention institute.	ll convention workshop sessions, plenary sessions and banquet, but not				
[ ] My check or money order is enclosed and made pa	ayable to: NACSW				
OR					
[ ] My credit card information is provided below. Ple	ase bill my credit card \$ convention registration.				
[ ] Visa [ ] MasterCard	[ ] American Express				
Cardholder's Name					
Card Number	Card Expiration Date//				
Billing Address					
REFUND POLICY Refunds, minus a \$25 processing fee, are available, if req	uested, until September 27, 2013. After this date refunds are not available.				
STUDENT VOLUNTEER AGREEMENT					
17-20, 2013. I understand that in exchange for volunt	Convention & Training Conference in Atlanta, GA to be held from Octobe teering at the Convention up to 6 hours total, I will receive this discounted. Preconvention Institutes are not included in the student volunteer rate.				
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 NACSW P.O. Box 121 Botsford, CT 06404	no later than September 27, 2013 to:				

If you have questions or concerns about your application, please contact the NACSW office at <a href="mailto:info@nacsw.org">info@nacsw.org</a> or 203-270-8780.