



## 2014 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 Double Tree Annapolis. I understand I need to make my own reservation.

Other

Preferred T-shirt size:  Small  Medium  Large  X Large  XX Large

#### **Volunteer Schedule Choices:**

By marking 1, 2 or 3 on the lines, please list your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices for your volunteer slot.

Thursday, November 6, 2014 (must be available between 7am and 10pm)

Friday, November 7, 2014 (must be available between 7am and 10pm)

Saturday, November 8, 2014 (must be available between 7am and 10pm)

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

Do you have experience using a video camera for recording people/events?  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 your availability here. Please include the day & time of your session if you are a workshop presenter. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PAYMENT

**\$105 Non-member Rate** (includes 6-month NACSW membership at no additional cost)

**\$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 institute.

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 \_\_\_\_\_

### REFUND POLICY

Refunds, minus a \$25 processing fee, are available, if requested, until October 17, 2014. After this date refunds are not available.

## STUDENT VOLUNTEER AGREEMENT

I would like to be a student volunteer at the NACSW Convention & Training Conference in Annapolis, MD to be held from November 6-9, 2014. I understand that in exchange for volunteering at the Convention up to 6 hours total, I will receive this discounted student volunteer registration rate to the Convention. *Pre-convention 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 no later than October 17, 2014 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@nacsww.org](mailto:info@nacsww.org) or 203-270-8780.