

## 2015 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 Amway Grand Plaza Hotel. I understand I need to make my own reservation.			
[ ] Other			
Preferred T-shirt size: [] Small [] Medium [] Large [] X Large			
Volunteer Schedule Choices: Please list your 1 <sup>st</sup> and 2 <sup>nd</sup> choices for your volunteer slot.			
Thursday, November 12, 2015 (must be available between 7am and 10pm)			
Friday, November 13, 2015 (must be available between 7am and 10pm)			
Saturday, November 14, 2015 (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		
[ ] \$105 Non-member Rate (includes 6-month NACSW membership ] \$90 Member Rate (applies to current individual members of NA		
**NOTE**Registration rate includes attendance to all convention preconvention institutes.	workshop sessions, plenary sessions a	nd banquet, but not
[ ] My check or money order is enclosed and made payable to: NAC	SW	
OR		
$\left[ \ \right]$ My credit card information is provided below. Please bill my cre	dit card \$ convention regis	tration.
[ ] Visa [ ] MasterCard [ ] American Express		
Cardholder's Name		
Card Number	Card Expiration Date	/
REFUND POLICY Refunds, minus a \$25 processing fee, are available, if requested, until O  STUDENT VOLUNTEER AGREEMENT  I would like to be a student volunteer at the NACSW Convention from November 12-15, 2015. I understand that in exchange for volunteers	& Training Conference in Grand Rapic	s, Michigan to be held
this discounted student volunteer registration rate to the Convent volunteer rate.	<del>-</del>	
Signature	Date	
Please provide us with an emergency contact person while you are	pioining us at the convention.	
Emergency Contact Name:		
Emergency Contact Phone Number:		
Please mail this form and your registration payment no later than NACSW P.O. Box 121 Botsford, CT 06404	October 23, 2015 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.