Continued, over

Network for Academic Renewal
REGISTRATION FORM
conference details and online registration: www.aacu.org/meetings/dlss/2015

Diversity, Learning, and Student Success:
Assessing and Advancing Inclusive Excellence
San Diego ● March 26-28, 2015

Registriant Information
Prefix: _____ First name: ______________________ Last name: _____________________________ MI: ____
Academic Title: ____________________________________________________________________________
Discipline: ________________________________________________________________________________
Institution/Organization: _____________________________________________________________________
Street Address: ____________________________________________________________________________
City/State/Zip: _____________________________________________________________________________
Phone: ____________________ Fax: __________________E-mail: __________________________________

Demographic Information
Primary Position
☐ Chief Executive Officer
☐ Chief Academic Officer
☐ Dean
☐ Assoc/Asst Academic Officer
☐ Department Chair
☐ Full-time Faculty
☐ Part-time/Adjunct Faculty
☐ General Education Administrator
☐ Diversity Officer/Staff
☐ Student Affairs Officer/Staff
☐ Foundation Officer/Staff
☐ Public Information Officer
☐ Education Policy Leader
☐ Teaching & Learning/Technology
☐ Student
☐ Other

Race/Ethnicity (optional):
☐ American Indian/Alaska Native
☐ Asian/Pacific Islander
☐ Black/African American
☐ Hispanic
☐ White/non-Hispanic
☐ Other

Gender (optional):
☐ Female
☐ Male

Pre-Conference Workshops
Held Thursday, March 26, 2:00-5:00 pm. Workshop registration is limited and will be confirmed within two weeks of receiving your registration request.

Additional information online at http://www.aacu.org/meetings/dlss/2015/workshops.

The Member price is $100. For Non-Members the price is $150.

CLOSED Workshop 1: Social Identity and Success: Exploring the Collegiate Experiences of LGBTQIA and Students of Color
CLOSED Workshop 2: Making Excellence Inclusive through Design Thinking
☐ Workshop 3: Leveraging Latin@ Student Strengths to Foster Student Success
☐ Workshop 4: Accelerated Developmental Education: Deepening Learning, Increasing Student Success and Equity
☐ Workshop 5: LEAPing for Inclusive Excellence and Student Success

Additional Information
Special Needs or Accommodations: ____________________________________________________________

Emergency Contact: ____________________________________________________________

Primary Reason for Attending Please let us know your primary reason for attending the conference so that we can bring together groups with shared interests during the conference.

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AAC&U Registration Policies

- Refunds will be provided for cancellations received in writing or via e-mail to koebke@aacu.org by March 4. A $100 processing fee will be deducted.
- After March 4, no refunds will be made on any cancellations received.
- Registrations are transferable within an institution at any time.
- My credit card will be charged for the correct (additional) registration fee if I selected the Campus Team Discount, but am not part of a team of three or more.
- AAC&U posts an online conference registration list that is available to the public. This list includes the name and institution of all registrants. E-mail addresses or other contact information are not included. If you do not want your information included in this list, please e-mail koebke@aacu.org.

Payment Information

Please see www.aacu.org/membership/list.cfm to confirm if your institution is an AAC&U Member Campus.

Participant from an AAC&U Member Campus

- By February 12: $420
- By March 4: $445
- Beginning March 5: $470

Participant from a Non-Member Campus

- By February 12: $550
- By March 4: $575
- Beginning March 5: $600

Student Registration Fee: $75

Workshop Fees

Team Discount: - $50
A team discount is available when three or more people from the same institution register. Please note that student registrants are not eligible for a team discount. Each team member must submit a separate registration form.

TOTAL AMOUNT DUE

PAYMENT INFORMATION

- Check (made payable to AAC&U)
- Credit Card
  - VISA
  - MasterCard
  - American Express

  Card Number: ____________________________
  Exp. Date: ______________________________
  Signature: ______________________________

Fax or mail completed form to:
Association of American Colleges & Universities
1818 R Street NW | Washington, DC 20009
Phone: 202.387.3760 | Fax: 202.265.9532
Email questions to: koebke@aacu.org
AAC&U Federal Tax ID: 52-1945674