REGISTRATION FORM

Network for Academic Renewal

Conference details and online registration:
Click here for conference details and onsite registration

2018 Transforming STEM Higher Education
Atlanta, GA, November 8-10, 2018

Registrait 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—Select One

Held Thursday, November 8, 2018 - Workshops will be confirmed based on meeting minimum registration numbers one month before the date. If the workshop you selected is cancelled, you may transfer to another workshop or request a refund. Click here for additional information on the workshops

The Member price is $125. For Non-Members, the price is $195.

- Workshop 1: Strategies for Assessing and Providing Feedback to STEM
- Workshop 2: Emotional Well-Being and Meaningful Learning: Research
- Workshop 3: Designing for Equity in Faculty Teaching and Service Workloads
- Workshop 4: Statistical Thinking in Undergraduate Biology (STUB) Network
- Workshop 5: Which Instrument Should We Use? Demystifying Classroom Observation Protocols
- Workshop 6: The Change Dashboard: A Tool for Conceptualizing Change Projects to Advance Campus STEM
- Workshop 7: Project Kaleidoscope Leadership Development for STEM Faculty

Additional Information

Special Needs or Accommodations: ____________________________________________________
Emergency Contact: ________________________________________________________________

AAC&U Registration Policies

- Refunds will be provided for cancellations received in writing or via e-mail to koebke@aacu.org by October 15, 2018. A $125 processing fee will be deducted.

Continued, over
• October 15, 2018, 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 is not included. If you do not want your information included in this list, please e-mail koebke@aacu.org.

**Payment Information**

Please see [AAC&U Membership List](#) to confirm if your institution is an AAC&U Member Campus.

**Participant from an AAC&U Member Campus**

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<td>By October 9</td>
<td>$455</td>
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<tr>
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<td>$480</td>
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Team Discount Team

- $55

Workshop Fees

$125

**TOTAL AMOUNT DUE**

—

**Participant from a Non-Member Campus**

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<tr>
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<td>$615</td>
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Team Discount Team

- $55

Workshop Fees

$195

**TOTAL AMOUNT DUE**

—

**Student Registration Fee**

$75

Workshop Fees-Member $125 non-member $195

**TOTAL AMOUNT DUE**

——

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.**

**PAYMENT INFORMATION**

Check (made payable to AAC&U)/Purchase Order Number ________________________________

Credit Card

**VISA** MasterCard **American Express**

Card Number: ____________________________

Exp. Date: ____________________________

Signature: ____________________________

Email address or Phone Number: ____________________________

*Email to [koebke@aacu.org](mailto:koebke@aacu.org) or fax (202-265-9532) 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*