



2005 NASC National Conference Registration Form

Please complete form using a computer only



COMPLETE ALL INFORMATION (Please mark an X in appropriate box) State Delegation Direct Individual

NASSP Student Activities affiliate school number: _____
(8 digits, refer to list given to State Executive Director, or contact the NASSP Membership Department at (800) 253-7746, option 4)

(Mark an X in appropriate box)

Member: Student \$345 Adviser \$345 Family \$345
 Spouse **EVENING ACTIVITIES ONLY** (No admittance to daytime activities)\$295
Non Member: Student \$445 Adviser \$445

Complete the following information:

First Name: _____ Last Name: _____ MI: _____

First Name for Name Badge (if different from above): _____

Student grade as of 9/2005, AA for Adviser: _____ Male Female

School Name: _____

School Address: _____

City: _____ State (Abbrev.): _____ Zip Code: _____

Country (if not USA): _____ School E-mail: _____

School Phone: _____ School Fax: _____

Home Address: _____

City: _____ State/Province (Abbrev.): _____ Zip Code: _____

Home Phone: _____ Personal E-mail: _____

Mark X in appropriate box—response is **required!**

State President?: Yes No Workshop Presenter?: Yes No

Vegetarian/Dietary needs?: Yes No Disability service needed?: Yes No

Please explain dietary/disability need: _____

Special medical condition: _____

Allergies: Smoking Pets Specify animal: _____

Other allergies (medication, food, etc): _____

School Adviser: _____

Adviser Responsible for Student at the conference (if not school adviser): _____

School Name: _____ City: _____

NASSP expects advisers to accept responsibility for their students for the duration of the conference

Signatures are required for all delegates

Student signature

Parent/Guardian signature / Print name

Principal or designee signature / Print name

Conference adviser signature / Print name

Registration fee does not include travel or hotel expenses. State delegates must coordinate payment with their state executive director