



## Event Registration Form

|   |                         |
|---|-------------------------|
| Program Name: _____   | Program Date: _____     |
| Registration Fees: \$ _____ x # of registrants _____ = \$ _____ | Program Location: _____ |

### Registrant(s):

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate any special requirement: \_\_\_\_\_

---

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate any special requirement: \_\_\_\_\_

### Payment Information:

Make checks payable to: **SACUBO**, 1110 Vermont Avenue NW, Suite 800, Washington, DC 20005

Check for \$ \_\_\_\_\_ Credit card charged for \$ \_\_\_\_\_

We authorize SACUBO to charge the following credit card:

Visa     MasterCard     American Express     Diner's Club

Card Number:

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Expiration Date:

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

A confirmation will be emailed upon receipt of registration. If you do not receive confirmation, contact SACUBO at 202.861.2559 or [dneill@nacubo.org](mailto:dneill@nacubo.org).