

ASCA CALENDAR EVENT REGISTRATION FORM

Circuit and/or Committee: _____

Event Title: _____

Date(s) of Event: _____

Time of Event (include time zone): Beginning _____ Ending _____

Location/Venue: _____

Physical Address of Venue: _____

City and State of Venue: _____

Event Contact Person to list on website: _____

 Email for Contact Person: _____

 Phone for Contact Person: _____

 Fax for Contact Person: _____

Event Coordinator to list on website: _____

 Email for Contact Person: _____

 Phone for Contact Person: _____

 Fax for Contact Person: _____

Guest Speaker: _____

Guest Speaker Institution/Company: _____

Guest Speaker Title/Position: _____

Attach a biography of guest speaker, if available.

Registration Fee:

Early Bird Rate (if offered):

Member: _____ Non-Member: _____

Regular Registration Rate:

Member: _____ Non-Member: _____

On-Site Rate (if offered):

Member: _____ Non-Member: _____

Number of Seats Available: _____

Date Registration Begins: _____ Date Registration Ends: _____

Will you need ASCA recruitment information for your event?

Yes _____ No _____

If yes, anticipated number of attendees _____

Please give a brief description of the event to be placed on the registration page.

If there are any other comments you would like posted on the site, for example how many meals are included with the registration fee; other speakers; hotel information; etc. please attach . There is a comment section on the registration page for this information.

Please complete all appropriate information for your event and return to the ASCA Central Office by fax 979-458-1714 or by email to beckym@asca.tamu.edu at least two (2) weeks before the date registration begins.

Any questions contact Becky McNair at 979.845.5262 or beckym@asca.tamu.edu.