

Please return this form to Kathie Baker by **Tuesday, December 8, 2009**
ELCA Colleges & Universities, Vocation & Education
8765 W. Higgins Road, Chicago, IL 60631

FAX: 773-380-2829
Phone: 800/638-3522, x2857
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Admissions & Enrollment Management Conference Registration
January 7 – 9, 2010
Chaparral Suites, Scottsdale, AZ

Name _____ Phone _____
College _____ Fax _____
Job Title _____ Email _____
Mailing _____ Cell phone _____
Address _____

A. Please note any food allergies or sensitivities: _____

C. I am ___ vegetarian ___ diabetic ___ lactose intolerant ___ other (explain)

D. My guest is ___ vegetarian ___ diabetic ___ lactose intolerant ___ other (explain)

Mobility needs? _____

Emergency contact name and relationship: _____

Emergency contact phone number: _____

Please check where applicable _____ Cell or _____ Home or _____ Office
(Marilyn will keep a confidential listing of emergency contacts with phone numbers should the need for one arise.)

TRAVEL ARRANGEMENTS

For those admissions & enrollment managers for whom a **travel subsidy** would make the difference between being able to attend or not, the ELCA is pleased to offer travel assistance. If a travel subsidy is required to attend the conference, **please contact Marilyn Olson or Kathie Baker before booking your flights.** All flights must be booked through Best Travel (800-543-8016). All other conference participants may make their own travel arrangements through their preferred method.

Please note your arrival and departure times. This information is important for planning meals and breaks, as well as coordinating transportation to and from the airport and “out and about” in Scottsdale, especially for those staying for the LECNA College Fair. Thanks!

AZ Arrival information

AZ Departure information

(Please note the time your flight arrives at the airport, not anticipated arrival at the hotel. Thanks!)

Date _____

Date _____

Time _____ A.M./P.M.

Time _____ A.M./P.M.

Arrival Airport _____

Departure Airport _____

Airline _____ Flight # _____

Airline _____ Flight # _____

____ **I am bringing a guest. Guest's name:** _____

~~~REMEMBER: REGISTRATION DEADLINE IS TUESDAY, DECEMBER 8, 2009~~~

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Travel Arrangements Cont'd

- I will use the free Chaparral Shuttle to get from the airport to the hotel (see logistics information).
- I am looking to share a ride with someone from the airport.
- I am renting a car & am willing to drive others who arrive at the airport about the same time I do.

FOOD (Note: we ***must*** have an accurate count to plan for food & beverage needs. Thanks!)

- B. I will partake in the following events/meals: My **guest** will join me for:
- | | |
|--|--|
| <input type="checkbox"/> Thursday afternoon pre-conf. RuffaloCODY presentation | <input type="checkbox"/> Thursday evening pizza dinner |
| <input type="checkbox"/> Thursday evening pizza dinner | <input type="checkbox"/> Thursday evening pizza dinner |
| <input type="checkbox"/> Friday lunch | <input type="checkbox"/> Friday lunch |
| <input type="checkbox"/> Saturday Lunch | <input type="checkbox"/> Saturday Lunch |

If you would like to join a group for dinner on Thursday, Friday and/or Saturday evening, please indicate below:

- | | |
|---|---|
| <input type="checkbox"/> Thursday evening | <input type="checkbox"/> Thursday evening |
| <input type="checkbox"/> Friday evening | <input type="checkbox"/> Friday evening |
| <input type="checkbox"/> Saturday evening | <input type="checkbox"/> Saturday evening |

HOTEL RESERVATIONS

Reserve by: Tuesday, December 8, 2009

Chaparral Suites Resort www.chaparralsuites.com
5001 North Scottsdale Road
Scottsdale, AZ 85250

1-800-528-1456 Reservations
1-480-949-1414 Hotel Phone
1-480-947-2675 Hotel/Guest Fax

Group name: ELCA Admissions & Enrollment Management Conference
Rate: \$149 single or double, plus all applicable taxes. NOTE: \$10 price decrease since 2009.

NOTE: Each participant is responsible for making his or her own reservations at the Chaparral. If reservations are not made by December 8, unreserved rooms will be released for general sale; however, after that date the hotel will accept reservations at the negotiated group rate *on a space available basis only*. Book your reservations today!

REGISTRATION FEES

Registration fees assist with the cost of some of the meals and contribute toward programming. *Contact Marilyn Olson or Kathie Baker if you'd like to register after the December 8 deadline.* Please make checks payable to **ELCA** with "**A&EM CONF**" and participant **LAST NAME** noted on the memo line. (Sorry, but we are unable to accept credit cards.) Mail (fax or email) to: Kathie Baker, ELCA/VE, 8765 W. Higgins Road, Chicago, IL 60631 (

ADMISSION/ENROLLMENT MANAGEMENT PARTICIPANT FEE

Conference **Participant(s)** registration @ \$ 115.00 \$ _____
Number (Includes Chaparral conference costs, including meals that are not "on your own")

GUEST REGISTRATION FEES

You are welcome to bring a guest to the conference. Guests are welcome to join us for all meal functions and events. Please see *Logistics* for meal fees. Include payment for your guest when you submit the registration form. Guest payment may be a separate personal check, but still made out as indicated above.

Conference **Guest** fees (add meals from Logistics form) \$ _____

Total Enclosed: (Conference **participant(s)** plus any **guest fees**) \$ _____

NAME & INSTITUTION: _____