# NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES
# 124th ANNUAL MEETING AND CONFERENCE

**Fairmont Copley Plaza Hotel, Boston, Massachusetts December 2-4, 2009**

## REGISTRATION FORM

**Please mail to: NEASC, 209 Burlington Road, Suite 201, Bedford, MA 01730 or register online at www.neasc.org**

## CONFERENCE FEES

**Note: Registration for the Annual Meeting is required to attend any of the events listed below**

| DATE | EVENT | FEE PER PERSON |
|---|---|---|
| December 2-4 | Annual Meeting Registration | $220 before November 1/$260 after November 1/$280 onsite<br>$150 third and additional registrants from same institution |
| December 2-3 | Higher Education Assessment Forum | $150 requires registration for the Annual Meeting |
| December 2 | Higher Education Session Follow-Up and Box Lunch Discussion on Wednesday | $35 Box Lunch |
| December 3 | Thursday Cocktail Reception and Banquet | $75 |
| December 3 | Higher Education Session Follow-Up and Box Lunch Discussion on Thursday | $35 Box Lunch |
| December 4 | Friday Luncheon | $55 |

### INSTITUTION INFORMATION

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

**Contact Person** (for questions related to this form) Name: _____

Telephone: _____ E-mail: _____ Fax: _____

**Please print to ensure correct spelling on badges. Copy and attach as a second sheet if you require more space.**

Name: _____
Title: _____
E-mail: _____

| | |
|---|---|
| Annual Meeting Registration | $_____ |
| Assessment Forum | $_____ |
| Cocktail Reception & Banquet | $_____ |
| Luncheon | $_____ |
| December 2 Kuh Box Lunch | $_____ |
| December 3 Kolb Box Lunch | $_____ |

Name: _____
Title: _____
E-mail: _____

| | |
|---|---|
| Annual Meeting Registration | $_____ |
| Assessment Forum | $_____ |
| Cocktail Reception & Banquet | $_____ |
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| | |
|---|---|
| Annual Meeting Registration | $_____ |
| Assessment Forum | $_____ |
| Cocktail Reception & Banquet | $_____ |
| Luncheon | $_____ |
| December 2 Kuh Box Lunch | $_____ |
| December 3 Kolb Box Lunch | $_____ |
| **TOTAL DUE:** | $_____ |

**Registration cannot be processed without payment. If paying by credit card, complete and mail to NEASC at the above address or register online for secure payment processing. We cannot provide refunds after November 27 as the hotel requires final numbers on that date.**

Enclosed check #:_____

Purchase order #: _____

NEASC office use only_____

_____ VISA _____ MasterCard _____ American Express

Card number: _____

Name on card: _____

Expiration date: _____ Security Code_____

Signature: _____