



19TH ANNUAL TRAINING CONFERENCE AND ADVANCEMENT SERIES

June 3-6, 2014

Marriott Hotels & Resorts -- Charleston, South Carolina

2014 Conference Registration Form

(One form per individual)

All Early Registrations must be postmarked by **April 25, 2014**. To qualify for group discounts, individual registration forms must be clipped together in the same package for all individuals in the group, with no more than one payment covering all persons in the group. Registration forms will also be posted online at www.NSPAA.com

	\$350 per person	Annual Membership Fee Only
Early Bird Rates	\$500 per person	Postmarked on or before April 25, 2014
	\$900 for groups of two per institution	
	\$1,800 for groups of four per institution	
Standard Rate	\$600 per person	Postmarked after April 25, 2014
	\$1,000 for groups of two per institution	
	\$2,000 for groups of four per institution	
**Onsite	\$650 per person	**Onsite Rate June 2 –June 6, 2014

For registration information, please contact:

Elbert Malone, NSPAA President (803) 536-8213 malone@scsu.edu or (803) 516-4703 sblair@scsu.edu

Check One: ☐ Individual ☐ Group of 2 ☐ Group of 4
Check One: ☐ Early Bird ☐ Standard ☐ Onsite ** (Do not mail after May 23, 2014)

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____ Email: _____

Phone: _____ Fax: _____

*Other group members: (1) _____ (2) _____ (3) _____
(if applicable)

TOTAL PAYMENT AMOUNT: Individual: \$ _____.00 Group: ☐ 2 ☐ 4 \$ _____.00

Method of Payment (NSPAA HBCU, Inc. EIN: 59-3219364)

Make payable to National Sponsored Programs Administrators Alliance of HBCU, Inc.

☐ Check ☐ Money Order **☐ Purchase Order # _____

**To complete registration, a Purchase Order must be attached to this form or faxed later if only a PO number is given.

Credit Card: Visa ☐ MasterCard ☐ Card # _____ Exp. Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

SEND REGISTRATION FORM(S) AND PAYMENT(S) TO:

Mr. Waverly L. McMichael Jr., NSPAA Board of Directors
Office of Sponsored Programs, Morehouse School of Medicine, 720 Westview Drive SW, Atlanta, Georgia 30310-1458
Ph: (404) 752-1615 Fax: 404-755-7505

****Important:** Starting June 2, 2014, onsite rates will apply. Do not mail forms and payments, but do fax the registration form to: 404-755-7505, then submit forms and payments onsite at the Conference registration desk. Notifications of cancellation must be submitted in writing. Cancellations received by April 18, 2014 will be subject to a \$75 cancellation charge. No refunds will be given after May 16, 2014.