

REGISTRATION FORM

Registrar's Professional Development Day
Tuesday, June 22, 2010
Central Community College, Grand Island
9:00 a.m. - 3:00 p.m.

Please use one form per participant - make additional copies as needed.

NAME: _____

TITLE: _____

INSTITUTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OFFICE TELEPHONE: _____

EMAIL: _____

____ Yes ____ No Are you interested in a campus visit program for Registrars
to learn more about other practices/offices/campuses?

Topics I'd like to have discussed during the roundtable session:

Registration Fee: \$25.00

Checks should be made payable to NACRAO.

Please complete and return this form with your registration fee by
May 28, 2010 to:

Nancy Schilz
BryanLGH College of Health Sciences
5035 Everett St
Lincoln, NE 68506