

# Creating Transformative Partnerships

2019 NAEOP Conference - Coeur D'Alene, ID  
 Sunday, October 20 - Wednesday, October 23, 2019

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title and Program(s) \_\_\_\_\_

Institution/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Is this your first NAEOP Conference?  
 Yes  No

Will you need any accessibility-related accommodations for the conference?  
 Yes  No

Is your NAEOP membership current?  
 Yes  No  Unsure

Help us identify your leadership within NAEOP: (check all that apply)

Are you a TRIO Alumnus?  
 Yes  No

- Current Board Member  Past Board  
 Current ELI participant  Former ELI  
 Current State President  
 Former State President  
 Current participant in TRIO program

Special Dietary Needs: (request by 10/1/19)  
 Vegetarian  Dairy Free  Gluten Free  
 Other/Allergies



## Registration Instructions - Deadlines - Hotel

Registration materials, if mailed, must be postmarked on or before deadlines listed on this form. Online registration is strongly encouraged. If not registering online, full payment or a purchase order must accompany paper registration. Returned checks will be assessed a \$50 fee.

**Please make checks payable to NAEOP.** Mail check payment and registration form together to:

**NAEOP**  
 c/o Ann Vu Loveridge  
 TRIO Student Support Services  
 University of Washington  
 141 Mary Gates Hall  
 Seattle, WA 98105

### Payment:

- Please invoice me (purchase order is attached)  
 A check is enclosed

Total Amount Owed \$ \_\_\_\_\_

**Refund Policy:** Registration fees paid in advance are refundable after the conference (less processing charge of \$75) if written notice of cancellation is received on or before 10/1/19. No request for refunds will be accepted after this date.

**Accommodations:** Reservations can be made through The Coeur d'Alene Resort by calling the resort at 1-855-703-4648. When calling, identify yourself as being with the Northwest Association of Educational Opportunity Programs to receive the special group room rate. Cut-off is on September 8, 2019, unless the group block sells out prior.

### Hotel Rates:

**Single/Double: \$149-\$199.** In the event that a guest who has reserved a room within the group block checks out prior to their reserved checkout date, a deposit of one nights room + taxes will be charged to the guest's individual account. Guests wishing to avoid this fee must advise the hotel 72-hours before check-in.

Postmark Deadlines	NAEOP Member	Non-Member	Student	Total Amount
<b>PRE-CONFERENCE WORKSHOPS, 10/20/19 8:00 am – 4:00 pm (postmark by 10/1/19)</b>				
Bafa Bafa	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	<input type="checkbox"/> \$25	\$
Gizmo	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$50	\$
SSS Grant Polishing	<input type="checkbox"/> Free	<input type="checkbox"/> \$325		\$
Expert Feedback on SSS Proposals	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300		\$
<b>FULL-CONFERENCE REGISTRATION – includes conference materials and meals</b>				
Early Bird (until 9/8/19)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100	\$
Regular (9/9/19 - 9/20/19)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$100	\$
Late/On-Site (starting 9/21/19)	Please contact Ann Loveridge at treasurer@naeoptrio.org.			
<b>ONE-DAY REGISTRATION (postmark by 9/25/19) – includes conference materials and meals on day</b>				
Monday (10/21/19)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$50	\$
Tuesday (10/22/19)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300	<input type="checkbox"/> \$75	\$
<b>GUEST MEALS for non-conference attendees (postmark by 9/25/18)</b>				
President's Reception (Appetizers)	Sunday (10/20/19)		<input type="checkbox"/> \$30	\$
FON Awards Luncheon (Lunch)	Monday (10/21/19)		<input type="checkbox"/> \$55	\$
President's Banquet (Dinner)	Tuesday (10/22/19)		<input type="checkbox"/> \$70	\$
<b>Total Amount Owed</b>				<b>\$</b>

### For Office Use:

Date Received: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Check No. \_\_\_\_\_

Membership Verified  Yes  No

Payment Amount: \_\_\_\_\_