



## EACUBO Meeting Registration Form

EACUBO will assign the lowest possible rate based on your membership status and category. Membership must be valid at the time of registration and not expire prior to the event. To confirm your organization's membership status, contact Member Services at 202.861.2559 or [dneill@nacubo.org](mailto:dneill@nacubo.org).

### Meeting Information

Program Name \_\_\_\_\_ Program Date \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ x # of Registrants \_\_\_\_\_ = \$ \_\_\_\_\_

### Payment Information

Check for \$ \_\_\_\_\_

Make checks payable to: **EACUBO**

Mail to this address: **P.O. Box 791331, Baltimore, MD 21279-1331**

Need a W-9? Find it [here](#)

Credit card charged for \$ \_\_\_\_\_

We authorize EACUBO to charge the following credit card:

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### Registrant Information

\*Please print or type. Is this your permanent address?  Yes  No

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Registration forms received without payment will not be processed. To request an invoice, please submit a purchase order to [dneill@nacubo.org](mailto:dneill@nacubo.org).**

**Substitution Policy:** Registrants unable to attend a program may send another individual from their institution/organization in their place. Substitutions must be received in writing from the registrant(s) via e-mail to [dneill@nacubo.org](mailto:dneill@nacubo.org). If the substitution request is submitted by someone other than the registrant(s), the request must be submitted via e-mail only, and the registrant(s) must be copied on the e-mail.

**Code of Conduct:** All attendees agree to comply with all rules and conditions of the meeting. The codes of conduct can be found [here](#).

**Eastern Association of College and University Business Officers (EACUBO)**

1110 Vermont Ave, NW, Suite 800, Washington, DC 20005

202.861.2559 (phone) and [info@eacubo.org](mailto:info@eacubo.org)