

2011 NASPA Region I Switzerland Conference Registration Form
 Si possiamo!: Integrating Residential Communities in International Environments
 Franklin College – Lugano, Switzerland
 June, 2-4, 2011

Section I – Contact Information

NASPA Member – Member # _____ **To become a member, please visit www.NASPA.org**

First Name Middle Initial Last Name Name as you would like it to appear on name badge

Title Institution or Organization

Address

City State/Country Zip Phone Fax

Email Address

Section II – Registration Profile

Demographic Information (Collected to report aggregate statistical information. Personal information will not be released.)

GENDER	RACE/ETHNICITY	HIGHEST DEGREE EARNED
<input type="checkbox"/> Male	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Associate
<input type="checkbox"/> Female	<input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Caucasian	<input type="checkbox"/> Bachelors
<input type="checkbox"/> Transgender	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial	<input type="checkbox"/> Masters
<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Other	<input type="checkbox"/> Post Masters Certificate
	<input type="checkbox"/> Prefer not to Answer	<input type="checkbox"/> Doctoral/Terminal

YEAR OF FIRST FULL-TIME POSITION IN STUDENT AFFAIRS: _____ **M/NUFP ALUM?** YES NO

1. I participate in NASPA as an:

<input type="checkbox"/> Senior Student Affairs Officer (SSAO)	<input type="checkbox"/> Faculty Member
<input type="checkbox"/> Senior-Level Professional (7+years)	<input type="checkbox"/> Graduate Student
<input type="checkbox"/> Mid-Level Professional (4-6 years)	<input type="checkbox"/> Undergraduate Student
<input type="checkbox"/> New Professional (0-3 years)	<input type="checkbox"/> Other: _____

2. Are you requesting a disability related accommodation? If yes, please specify _____

3. Do you have special dietary restrictions?

<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Kosher	<input type="checkbox"/> Allergies	Specify/Other: _____
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4. I do **not** grant NASPA permission to use my likeness in the association’s written publications, videos, and/or website. Please note it is your responsibility to avoid being photographed in large-group pictures during events.

