Registration Form

Student CTA Representative Assembly

April 27-28, 2013

Sheraton Garden Grove Anaheim South Hotel

REGISTRATION DEADLINE: April 1, 2013

College/University (Please no initials) _____

Name _____

Mailing Address _____

City _____ Zip Code _____

Phone (____) _____ E-mail _____

Roommate Choice _____

REGISTRATION FEE:
Waived – SCTA Advisors
$25 – SCTA Members (must be a SCTA member for 2012-2013)

GENDER: ☐ Female ☐ Male

RACIAL/ETHNIC CLASSIFICATION: ***(CHECK ONE)***

☐ African-American ☐ Native Hawaiian/Pacific Islander ☐ Hispanic
☐ Caucasian ☐ American Indian/Alaskan Native ☐ Asian ☐ Other _____

STATUS: ***(CHECK ONE)***

☐ Delegate ☐ Delegate - Alternate
☐ Non-voting Participant ☐ Chapter Advisor (faculty or staff)

TRANSPORTATION: ***(CHECK ONE)***

☐ Auto ☐ Airplane

SPECIAL REQUESTS:

☐ Vegetarian Meal (no meat or fish) ☐ No Hotel Room Needed (Commuting Daily)
☐ Vegan Meal (no dairy, meat or fish) ☐ Other: _____
☐ Physically Challenged Accessible Room

NOTE: Requests for roommates cannot always be accommodated. The hotel is a smoke free hotel. A $250.00 fee will be charged to you if smoking is detecting in any room. Please note any additional requests in regards to lodging or meals here:

Event is paid by membership dues; we cannot cover expenses for family or friends

PLEASE READ AND SIGN THE FOLLOWING AGREEMENT:

I certify that I am a current SCTA member in good standing. I have read the information about the 2013 Representative Assembly and am willing to accept the responsibility of representing my school. I understand that I am expected to attend and participate in each scheduled session of the weekend. I understand that this is a business meeting, not a professional development conference. I also understand that SCTA will cover my lodging and transportation costs and I will be responsible for any incidental charges with the hotel. Furthermore, if I am unable to attend the RA for any reason, I agree to contact my local chapter President and SCTA at (650) 552-5345 so that arrangements for an alternate delegate may be made. If I fail to do so, I understand that my chapter and I will be responsible for the cost of the room and plane ticket, if applicable.

SIGNATURE: _____ DATE: _____

MAIL TO: **Student CTA, P.O. Box 921, Burlingame, CA 94011-0921**
Annette Barroso – 650/552-5345, 650/552-5018 fax, email: abarroso@cta.org, www.studentcta.org

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OFFICE USE ONLY: Check Received _____ Membership Verified _____