

# REGISTRATION FORM



NCD A Global Career Development Conference  
June 30-July 2, 2015 • Denver, Colorado

Please check here if you are a first-time attendee.

Name \_\_\_\_\_

Name for Badge \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

(please print email address clearly)

## Professional Development Institutes, June 29, 2015

(On-site registration cannot be guaranteed. Space is limited. Fee is PER SERIES. PDIs are OPTIONAL and are not included in Conference Registration fees.)

**Series 1:** Mon., June 29, 8:00 am – 12:00 pm (please indicate selection)

PDI #1    PDI #2    PDI #3    PDI #4    PDI #5

	Pre-Registration After 2/2/15	Registration After 4/27/15	On-Site After 6/7/15	TOTAL
NCD A Member	\$185	\$205	\$225	\$ _____
NCD A Student/Retired/New Professional	\$150	\$170	\$190	\$ _____
Non-Member	\$200	\$220	\$240	\$ _____

**Series 2:** Mon., June 29, 1:30 pm – 5:30 pm (please indicate selection)

PDI #6    PDI #7    PDI #8    PDI #9    PDI #10

	Pre-Registration After 2/2/15	Registration After 4/27/15	On-Site After 6/7/15	TOTAL
NCD A Member	\$185	\$205	\$225	\$ _____
NCD A Student/Retired/New Professional	\$150	\$170	\$190	\$ _____
Non-Member	\$200	\$220	\$240	\$ _____

**Career Center Tour:** Mon., June 29, 8:30 am – 5:00 pm

Career Center Tour

	Pre-Registration After 2/2/15	Registration After 4/27/15	On-Site After 6/7/15	TOTAL
NCD A Member	\$235	\$255	\$275	\$ _____
NCD A Student/Retired/New Professional	\$185	\$205	\$225	\$ _____
Non-Member	\$260	\$280	\$300	\$ _____

## Full Conference Registration, June 30-July 2, 2015

(Includes all presentations, exhibits, breaks, Welcome Reception, and Peak to Peak Party. Professional Development Institutes must be purchased separately.)

	Pre-Registration After 2/2/15	Registration After 4/27/15	On-Site After 6/7/15	TOTAL
NCD A Member	\$399	\$450	\$550	\$ _____
NCD A Student/Retired/New Professional	\$285	\$315	\$350	\$ _____
Non-Member	\$499	\$550	\$650	\$ _____

## One-Day Registration

(Includes all presentations, exhibits, and breaks for the specified day.)

Please indicate:  Tuesday    Wednesday    Thursday

	Pre-Registration After 2/2/15	Registration After 4/27/15	On-Site After 6/7/15	TOTAL
NCD A Member	\$235	\$255	\$275	\$ _____
NCD A Student/Retired/New Professional	\$185	\$205	\$225	\$ _____
Non-Member	\$260	\$280	\$300	\$ _____



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## How to Register

 **Securely Online at**  
[www.ncdaconference.org](http://www.ncdaconference.org)  
(preferred method)  
Visa and MasterCard accepted.

 **Mail**  
Check or Credit Card accepted.  
Send Registration Form and payment to:  
NCD A, 305 North Beech Circle,  
Broken Arrow, OK 74012

 **Fax**  
Purchase Order or Credit Card accepted.  
Fax: (918) 663-7058

Confirmations will be sent via email.

## Cancellation Policy

Cancellations received in writing prior to June 7, 2015 will be subject to a \$50 (US funds) processing fee. Due to costs incurred on your behalf, NO REFUNDS will be given after June 7. If paying via purchase order, your organization will be required to fulfill the Purchase Order even though you do not attend due to costs incurred on your behalf. Refunds will not be given for conference no-shows due to costs incurred on your behalf.

## Substitutions

Substitutions will be accepted if received in writing from the original registrant by June 7, 2015. A letter from the original registrant authorizing the substitution must be emailed to [jowens@ncda.org](mailto:jowens@ncda.org) or faxed to (918) 663-7058, along with the substitute's completed registration form, by June 7. The substitute's registration fee will be subject to pricing based on her/his NCD A membership status.

## Questions?

Visit our website at [www.ncdaconference.org](http://www.ncdaconference.org)  
NCD A Headquarters at:  
305 North Beech Circle, Broken Arrow, OK 74012  
(866) 367-6232 (FOR-NCD A) or (918) 663-7060  
Fax: (918) 663-7058 Email: [jowens@ncda.org](mailto:jowens@ncda.org)

## Special Needs

Please indicate any special needs you may have.  Dietary  Physical

Please provide a brief description of special needs: \_\_\_\_\_

## Ambassador Program

- I am interested in being an NCD A International Ambassador at the conference.
- I am an international participant and interested in having an NCD A Ambassador at the conference.

## NCD A Membership

- Yes**, I would like to join/renew NCD A membership and save on my conference registration fees.

**Regular Member** (annual fee) \$85 \$ \_\_\_\_\_  
For those who have an interest or involvement in career development.

**Student Member** (annual fee) \$35 \$ \_\_\_\_\_  
Students enrolled in programs preparing them for counseling and other career development areas.

**New Professional Member** (annual fee) \$35 \$ \_\_\_\_\_  
For graduates in their first year of employment in the career development field OR anyone new to NCD A regardless of employment history. New Professionals are offered reduced membership dues for a limit of one year.

## Special Event Tickets

Guest/Spouse Welcome Reception # Needed \_\_\_\_\_ \$20 \$ \_\_\_\_\_

Guest/Spouse Peak to Peak Party # Needed \_\_\_\_\_ \$20 \$ \_\_\_\_\_

Registered attendees will receive one complimentary ticket to the Welcome Reception and Peak to Peak Party. Additional tickets for guests or spouses must be purchased for entry to these events.

**TOTAL DUE** \$ \_\_\_\_\_

## Payment

- Payment must accompany registration form or registration will not be processed.
- Purchase Order Payments: A copy of PO must accompany registration form.
- Payment must be made in U.S. dollars. Foreign payment must include exchange fees.
- Foreign payments made by credit card will be charged a \$25 processing fee.
- Payment must be made payable to: National Career Development Association (FEI#: 52-6045839)
- A W-9 Form can be found at [www.ncdaconference.org](http://www.ncdaconference.org), click on Registration.

Check  Visa  Master Card  Purchase Order # \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address of Cardholder: Street \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Signature \_\_\_\_\_

