

+delegateREGISTRATION

University / College: _____
Name: _____ Gender: F _____ M _____
Delegation Advisor: _____ Gender: F _____ M _____
Address: _____ Phone: (_____) _____
City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Relationship: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Health Insurance carrier and policy number: _____

Please check all that apply:

NCC _____
Advisor _____
RBD Member _____
NRHH CC _____
Bid Presenter _____
Conference Guest _____

Meals:

Vegetarian Option _____
Dietary Concerns: _____

Housing:

Requested Roommate #1: _____
Requested Roommate #2: _____
Requested Roommate #3: _____

(no guarantees for
roommate requests)

Are there any special needs with which
we can assist you? _____

+schoolREGISTRATION

University / College: _____

Address: _____ Phone #: (____) _____

City: _____ State: _____ Zip Code: _____

NCC: _____ Phone #: (____) _____

NCC Email: _____

Advisor: _____ Phone #: (____) _____

Advisor Email: _____

Name	Gender	
NCC: _____	F _____	M _____
NRHH CC: _____	F _____	M _____
Advisor: _____	F _____	M _____

How will you be arriving at the conference? (circle)

Car Plane Bus Other (specify) _____

Will you be utilizing your own transportation during the conference? Y____ N____

Please make all checks payable to UW-Green Bay. If you have any questions, contact the registration chairs at nf1orc@gmail.com