



## MIACADA 2007 Conference Registration

### *Putting the Pieces Together: Sharing Ideas and Best Practices*

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Street Address: \_\_\_\_\_

Bldg/Rm: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Special dietary (i.e. vegetarian, nut allergies) or other necessary accommodations (i.e. visual, audio, physical)?  
Please describe:**

---

**Registration: (Check all applicable boxes)**

- Early MIACADA Member Registration (by April 27, 2007)..... \$45.00
- Membership Renewal Fee for Membership Year May 2007-April 2008..... \$15.00  
(Make any changes to demographic information on reverse side)
- Early MIACADA Non-Member Registration (by April 27, 2007) ..... \$60.00  
(Includes one year membership – please complete demographic information on reverse side)
- Please add Late Fee if registration will be received after April 27, 2007 ..... \$10.00

**Total Amount Enclosed:**

- I **DO NOT** wish to have my contact information included in the membership directory made available to MIACADA Members annually.

**Special Interests: (Check applicable boxes)**

- Conference Volunteer (Circle interest area below)**
  - Registration / Information Table – assist with check-in and general conference information
  - Program Session Liaison / Host – introduce session presenters, coordinate evaluations
  - Photographer – assist with capturing photographs of the day's events

**Raffle Donation**

Very popular at the last conference! If you are interested in donating an item from your office or institution (coffee mug, bags, t-shirts, etc.), please check here and bring them with you to the conference. Items can be dropped off at the registration table at check-in. Prizes drawn throughout the conference.

**Mail completed form and appropriate conference registration fees (We can only accept checks made payable to MIACADA) to:**

Angie Sullivan  
University of Michigan  
Division of Kinesiology  
401 Washtenaw Ave  
3738 Kinesiology  
Ann Arbor, MI 48109-2214

**Payment should be received by April 27, 2007 or \$10 late fee will apply.**

**COMPLETE OTHER SIDE FOR NEW OR UPDATED MEMBERSHIP INFORMATION**

**To be completed by new members or renewing members with updated information**

**Role: (Check one)**

- Faculty Advisor
- Academic Advisor/Counselor
- Advising Administrator
- Counselor
- Other

**Gender: (Optional)**

- Female
- Male

**Ethnic Background: (Optional)**

- African American/Black
- Native American
- Hispanic/Latino
- Asian American
- European American/White
- Other

**Years advising (Check one)**

- Less than 1 Year
- 1 - 3 years
- 3 - 5 Years
- 5 - 10 Years
- 10 – 15 Years
- 15 Years or more

**Highest degree (Check one)**

- Bachelor
- Masters
- Educational Specialist
- Doctorate
- Other

**Size of your institution (Check one)**

- Less than 999
- 1,000 – 4,999
- 5,000 – 9,999
- 10,000 – 19,999
- 20,000 or more

**Academic Area: (Check one)**

- Agriculture
- Allied Health Medicine
- Architecture
- Business
- Education
- Engineering
- Fine Arts
- General Arts & Science
- Home Economics/Human Ecology
- Humanities
- Law
- Natural/Computational Sciences
- Social Sciences
- Undecided Students
- Multiple areas
- Other

**Membership questions should be directed to Jo Hartwell at [hartwel6@msu.edu](mailto:hartwel6@msu.edu)**

Note: Checks must be in U.S. Dollars, payable to MIACADA. A service fee for returned checks applies.