

2013 CSPA Convention Registration Form

Group Leader _____ Attending? Yes No

Our group will be attending on the following days:

Publication or Media _____

Wednesday Thursday Friday

School _____

Street Address _____

City _____ State _____ ZIP _____

Telephone: _____ FAX: _____

e-mail Address: _____

Bill to address (leave blank if same):
 Purchase Order # (for billing purposes): _____
 Billing Contact Name: _____
 Billing Address: _____
 City: _____ State _____ ZIP _____
 Telephone: _____ ext. _____

Please name all delegates attending and click all applicable to describe the make-up of your delegation:

DELEGATE NAMES Std Adv Nws Yrb Mag TV Radio Online PUB NAME/CALL LETTERS

| | | | | | | | | | |
|---|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

To list additional names, please attach a separate sheet or download the CSPA additional delegate form.

Total number in delegation (including advisers): _____

Check here if any members of your delegation have a disability that may affect participation in this event. Attach a statement to your registration regarding your disability-related needs. CSPA will contact you to discuss accommodation. We cannot assure availability of appropriate accommodation without notification by February 15, 2013.

Meals are not included in the Convention registration fee. During check-in, CSPA will provide each delegation with a list of neighborhood eating establishments for their convenience.

Early Registration

Use this table if fees and form are postmarked ON or BEFORE February 15, 2013.

Total No. of delegates: _____ @ \$105 per delegate = _____
 Reserv. for Thurs. Adv. Lunch*: _____ @ **FREE*** = _____
 Reserv. for Fri. Advisers Lunch*: _____ @ **FREE*** = _____
Total Enclosed:

Late Registration

Use this table if fees and form are postmarked AFTER February 15, 2013 OR if using a purchase order.

Total No. of delegates: _____ @ \$119 per delegate = _____
 Reserv. for Thurs. Adv. Lunch*: _____ @ **FREE*** = _____
 Reserv. for Fri. Advisers Lunch*: _____ @ **FREE*** = _____
Total Enclosed:

*While the Thursday and Friday Advisers Luncheons are **free**, each person must reserve their seat in advance. We can only accommodate the first 180 people who reserve for each luncheon. Please reserve your luncheon seat only if you are sure you will be able to attend.

A note about billing/payment:

Deadline for early registration is February 15, 2013 at a fee of \$105 per person. To qualify for the early registration rate, registration form must be postmarked by February 15th, and include full payment.

PURCHASE ORDERS ARE NOT CONSIDERED PAYMENT. No purchase orders accepted for early fee registrations.

Because they are subject to late payment, we will only accept purchase orders at the rate of \$119 per person.

No refunds will be granted after February 15, 2013. Bring substitutes. All registrations not canceled by February 15th will be held liable for all fees listed on their registration form.

Make registration checks payable in U.S. funds drawn on a U.S. bank to: Columbia Scholastic Press Association.

For information, call (212) 854-9400, send us a fax at (212) 854-9401 (7 days, 24 hours) or send us an e-mail at cspa@columbia.edu.

Mail fees and this form to:

Columbia Scholastic Press Association
 Columbia University
 Convention Registration Desk
 Mail Code 5711, New York, NY 10027

Do Not Write Here - WEB-REV - 08/12
 R _____ Pg: _____
 CK# _____ \$ _____
 PID: _____ • Reg ID: _____