Page 1 of 4



# **CONFERENCE REGISTRATION FORM**

2017 STEP Statewide Student Conference • Albany Marriott • March 24, 2017 to March 26, 2017

## INSTITUTION INFORMATION AND CONTACT PERSON

| *Name:            |             |                 |
|-------------------|-------------|-----------------|
| Position:         |             |                 |
| Institution:      |             |                 |
| Address:          |             |                 |
| City:             | State:      | Zip Code:       |
| Telephone Number: | Fax Number: | E-mail Address: |

\* This person will be considered the **PRIMARY CONTACT** for information pertaining to the conference.

#### **REGISTRATION FEES PER INSTITUTION**

**Each conference attendee is required to pay a per person registration fee, which is** *non-refundable*. The CONFERENCE REGISTRATION fee <u>does not cover</u> hotel/lodging. The fee covers the costs associated with the keynote speaker, workshop presenters, poster presentation judges, conference books, conference bags, entertainment, and other conference related activities.

Please note: The Albany Marriott Hotel Reservation Form will be emailed to institutions <u>AFTER REGISTRATION FEES</u> have been paid to Syracuse University. Each institution is responsible for registering ALL INSTITUTION PARTICIPANTS DIRECTLY with the Albany Marriott Hotel (see page 4). This registration fee does *not* cover hotel/lodging. The conference does not pay for students or staff hotel accommodations. The hotel <u>does not send out</u> reservation forms.

| <b>REGISTRATION FEES AND DEADLINES</b>               | <b>2017 CONFERENCE REGISTRATION FEES</b> (per person rate) |
|--|--|
| Early Registration Fee Deadline January 27, 2017.    | \$175.00/per person  |
| Regular Registration Fee Deadline February 10, 2017. | \$200.00/per person  |
| **Late Registration Fee Deadline February 17, 2017.  | \$225.00/per person  |

• The **maximum number of registrants** per institution is fifteen (15).

- Registration rates are determined by the above deadline dates.
  The <u>LAST DAY</u> to register for the 2017 STEP Statewide Student Conference is Friday, February 17, 2017!
- Registration forms submitted without full payment will not be processed.
- Registration fees will ONLY be accepted in the FORM OF INSTITUTIONAL CHECKS or Money Orders!
  \*\*\* Personal checks, cash, credit cards, and <u>electronic transfer of funds</u> are not acceptable forms of payment.
- Institutional Checks and Money Orders should be made payable to: Syracuse University STEP Conference
- Payment should be mailed to: Dr. Leonese Nelson Syracuse University STEP Program

419 Sims Hall - Syracuse, New York, 13244

Institution Name:

# **CONFERENCE REGISTRANT INFORMATION**

Please note that the names listed in the following two sections are for conference registration purposes ONLY. These names will be used for name tags, conference materials (*such as bags and books*), and the student research poster competition. <u>We will not register your participants for hotel or lodging</u> (see page 4). Please ensure that names are spelled correctly and are typed or legibly written.

## **STUDENT PARTICIPANT NAMES**

There **<u>must be one adult chaperone</u>** for every 4students registered by your institution. The **maximum number of registrants per institution** is FIFTEEN (15). Registrants are project administrators, grant administrators, students, staff, parents, instructors, volunteers, chaperones, faculty sponsors, vice president, administrators' children and/or spouses.

|    | First Name | Last Name | Gender | Grade<br>in<br>School | Sunday Box<br>Lunches | Special<br>Dietary<br>Needs |
|----|------------|-----------|--------|-----------------------|-----------------------|-----------------------------|
| 1  |            |           |        |                       |                       |                             |
| 2  |            |           |        |                       |                       |                             |
| 3  |            |           |        |                       |                       |                             |
| 4  |            |           |        |                       |                       |                             |
| 5  |            |           |        |                       |                       |                             |
| 6  |            |           |        |                       |                       |                             |
| 7  |            |           |        |                       |                       |                             |
| 8  |            |           |        |                       |                       |                             |
| 9  |            |           |        |                       |                       |                             |
| 10 |            |           |        |                       |                       |                             |
| 11 |            |           |        |                       |                       |                             |
| 12 |            |           |        |                       |                       |                             |

\*\*\* **Sunday Box Lunch Selections:** {**H** = Ham, **RB** = Roast Beef, **T** = Turkey, or **V** = Vegetarian} \*\*\* \*\*\*Please identify the following Dietary Needs next to Registrant Names. *Dietary needs include: gluten free, peanut allergies, lactose intolerance, vegetarian, vegan, kosher diet, shellfish, etc.* 

# **CONFERENCE REGISTRANT INFORMATION**

Please note that the names listed in the following two sections are for conference registration purposes ONLY. These names will be used for name tags, conference materials (*such as bags and books*), and the student research poster competition. <u>We will not register your participants for hotel or lodging</u> (see page 4). Please ensure that names are spelled correctly and are typed or legibly written.

# **PROFESSIONAL STAFF & GUEST NAMES**

There <u>MUST be one adult chaperone</u> for every **4** students registered by your institution. The **maximum number of registrants per institution** is FIFTEEN (15). Registrants are project administrators, students, staff, parents, instructors, volunteers, chaperones, faculty sponsors, vice president, administrators' children and their spouses.

|   | First Name | Last Name | Title<br>(Dr., Mr., Mrs.,<br>or Ms.) | Chaperone | Sunday Box<br>Lunches | Special<br>Dietary<br>Needs |
|---|------------|-----------|--------------------------------------|-----------|-----------------------|-----------------------------|
| 1 |            |           |                                      |           |                       |                             |
| 2 |            |           |                                      |           |                       |                             |
| 3 |            |           |                                      |           |                       |                             |
| 4 |            |           |                                      |           |                       |                             |
| 5 |            |           |                                      |           |                       |                             |
| 6 |            |           |                                      |           |                       |                             |
| 7 |            |           |                                      |           |                       |                             |
| 8 |            |           |                                      |           |                       |                             |

## **PROFESSIONAL STAFF & GUEST NAMES**

\*\*\* **Sunday Box Lunch Selections:** {**H** = Ham, **RB** = Roast Beef, **T** = Turkey, or **V** = Vegetarian} \*\*\* \*\*\*Please identify the following Dietary Needs next to Registrant Names. *Dietary needs include: gluten free, peanut allergies, lactose intolerance, vegetarian, vegan, kosher diet, shellfish, etc.* 

The maximum number of registrants per institution is FIFTEEN (15). There will be no exception to the maximum number of registrants per institution!

2.

## **TRANSPORTATION PROFILE**

## Each institution must complete and submit a Transportation

**Profile Form.** (A completed registration packet includes this page!)

1. Please indicate mode of transportation and the number of vehicles: (i.e. 2 buses, 1 van)

|    | •  | Bus | Number of Buses |  |  |  |  |
|----|--|-----|-----------------|--|--|--|--|
|    | •  | Van | Number of Vans  |  |  |  |  |
|    | •  | Car | Number of Cars  |  |  |  |  |
| 2. | Are you car pooling with another institution? Yes No                   |     |                 |  |  |  |  |
|    | If yes, which one(s)   |     |                 |  |  |  |  |
|    |  |     |                 |  |  |  |  |
| 3. | 3. Estimated time of arrival on <b>Friday, March 24, 2017</b> :        |     |                 |  |  |  |  |
|    | ** The <u>hotel check-in time</u> is 4:00pm on Friday, March 24, 2017. |     |                 |  |  |  |  |

4. Estimated time of departure (*if later than 12:00pm on Sunday, March 26, 2017*): \_\_\_\_

### **CONFERENCE REGISTRATION PROCESS**

#### **STEP 1: Registration Fees**

Please print and send this completed form with your registration fees (institutional check or money order) for a maximum of 15 participants directly to Syracuse University. The conference registration fee does not cover hotel/lodging at the Marriott Hotel-conference site.

\*\*\*Research Foundations should place the name of the institution within the memo section of the check. \*\*\*Personal checks, cash, credit cards, and <u>electronic transfer of funds</u> are not acceptable forms of payment.<mark></mark>\*\*\*

### **STEP 2:** Albany Marriott Hotel Reservation Form Submission

The Albany Marriott Hotel Reservation Form **will be emailed** to institutions **AFTER THE CONFERENCE <u>REGISTRATION FEES</u>** have been paid to Syracuse University. Each institution is responsible for registering all institution participants (a maximum of 15 participants) directly with the Albany Marriott Hotel by using the Hotel Reservation Form.

The maximum number of registrants per institution is FIFTEEN (15). There will be no exception to the maximum number of registrants per institution!

The LAST DAY to register for the 2017 STEP Statewide Student Conference is Friday, February 17, 2017!