CONFERENCE REGISTRATION FORM

2018 STEP Statewide Student Conference ▪ Albany Marriott ▪ March 23, 2018 to March 25, 2018

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 **does not cover** 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 AFTER REGISTRATION FEES** have been paid to Syracuse University. **Each institution is responsible for registering ALL INSTITUTION PARTICIPANTS DIRECTLY with the Albany Marriott Hotel (see page 5).** This conference registration fee *does not cover* hotel/lodging costs for students or staff. The hotel **does not send out** reservation forms.

REGISTRATION	REGISTRATION DATES	2018 CONFERENCE REGISTRATION FEES
Early Registration Fee	**November 13, 2017—January 24, 2018 by Midnight**	$175.00/per person
Regular Registration Fee	**January 25, 2018—February 7, 2018 by Midnight**	$200.00/per person
Late Registration Fee	**February 8, 2018—February 14, 2018 by 12:00noon**	$225.00/per person

- The **maximum number of registrants** per institution is fifteen (15).
- **Registration rates are determined by the above deadline dates.** Registration packets **must be received** in the office by the above registration deadlines.

- *The **LAST DAY** to register for the 2018 STEP Statewide Student Conference is 12 PM Wednesday, February 14, 2018!*

CONFERENCE PAYMENT

- Registration forms submitted without full payment will **not be processed**.
- *Personal checks, cash, and credit cards are not acceptable forms of payment.*

REGISTRATION PAYMENT OPTIONS

OPTION #1:

Institutional Checks or Money Orders

- 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
- Your institution should also send a copy of the registration form with the check.

OPTION # 2: (PERFERRED METHOD)

Wire Transfer

You may authorize your banking institution to transfer funds through the Federal Reserve (U.S. banks) or the SWIFT system (foreign banks), in accordance with the following instructions:

JPMorgan Chase
Attn: Operations Manager
Funds Transfer Service
4 New York Plaza, 15th Floor
New York, NY, 10004

ABA#: 021 000 021
Credit: Syracuse University
Account #: 018-000-1182 ATTN: Upstate Syracuse Account

*Reference STEP Conference—Your Institution Name

SWIFT Code: CHASUS33 (required for foreign banks only)

**Your institution should also email a copy of this form to stepconference@syr.edu

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. *We will not register your participants for hotel or lodging* **(see page 4)**. *Please ensure that names are spelled correctly and are typed or legibly written.*

STUDENT PARTICIPANT NAMES

There **must be one adult chaperone** for every **4** students 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 in School	Special Dietary Needs
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

***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. *__We will not register your participants for hotel or lodging__ **(see page 4)**. Please ensure that names are spelled correctly and are typed or legibly written.*

PROFESSIONAL STAFF & GUEST NAMES

There **__MUST be one adult chaperone__** 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.

PROFESSIONAL STAFF & GUEST NAMES

	First Name	Last Name	Title (Dr., Mr., Mrs., or Ms.)	Chaperone	Special Dietary Needs
1					
2					
3					
4					
5					
6					
7					
8					

***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!*

Institution Name:_____

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. Estimated time of arrival on **Friday, March 23, 2018**:   _____

        ** The *hotel check in time* is 4:00pm on Friday, March 23, 2018.

4. Estimated time of departure (*if later than 12:00pm on Sunday, March 25, 2018*):   _____

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.**
** Please refer to page 2 of this packet for registration payment options.**

STEP 2: Albany Marriott Hotel Reservation Form Submission
The Albany Marriott Hotel Reservation Form **will be emailed** to institutions **AFTER THE CONFERERNCE REGISTRATION FEES 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 2018 STEP Statewide Student Conference is 12noon Wednesday, February 14, 2018.*

**Please retain a copy of this packet for your records!