

# CONFERENCE REGISTRATION FEES FOR CSTEP STAFF/SCHOLARS

PLEASE NOTE: IN RECOGNITION OF THE SEVERITY OF THE ECONOMIC TIMES, WE HAVE NOT INCREASED OUR CONFERENCE REGISTRATION FEES THIS YEAR. Each attendee is required to pay a **non-refundable** registration fee, which helps to cover costs for speakers, entertainment, conference bags, booklets, workshop presenters, judges, etc.

## Registration Fees Per Individual

Early Registration Fee	Cost
Must be Postmarked by January 18, 2013	\$205.00

Regular Registration Fee	Cost
Must be Postmarked by February 1, 2013	\$230.00

Late Registration Fee	Cost
Must be Postmarked by February 18, 2013	\$255.00

## Sagamore Accommodations

*\*Please refer to The Sagamore Reservation Form for detailed information, which will be forwarded to you  
With your conference registration confirmation once you've registered with S.U.*

Accommodation	Single	Double/PP	Triple/PP	Quad/PP
Lodge Room	\$261.00	\$393.00/\$196.50	\$547.80/\$182.60	\$710.40/\$177.60
Lodge Suite	\$291.00	\$423.00/\$211.50	\$577.80/\$192.60	\$740.40/\$185.10
Hotel Room – Garden View	\$271.00	\$403.00/\$201.50	N/A	N/A
Hotel Room – Lake View	\$281.00	\$413.00/\$206.50	N/A	N/A
Hotel Suite – Garden View	\$295.00	\$427.00/\$213.50	N/A	N/A
Hotel Suite – Lake View	\$305.00	\$437.00/\$218.50	N/A	N/A

\*Registration forms submitted without full payment will **not** be processed (purchase requisitions will be accepted). The faculty, guest and student registration lists must reflect all required information and the proper registration fees due before they can be entered into the database.

\*\*The cost of registration will be determined by the **postmark date**.

## Make institutional checks payable to Syracuse University.

Mail to:  
CSTEP 20<sup>th</sup> Annual Statewide Conference  
c/o Syracuse University CSTEP  
203 Bowne Hall  
Syracuse, NY 13244  
Attn: Dr. Leonese Nelson

**For Office Use ONLY:**

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Deposited By: \_\_\_\_\_

# CSTEP CONFERENCE REGISTRATION LIST

Primary Contact: _____	Total # Staff Attending _____
Position: _____	Total # Students Attending _____
Institution: _____	TOTAL # Attending _____
Address: _____	
Telephone: (____) _____ Fax: (____) _____	Appropriate Registration Fee based on Deadlines: _____
	TOTAL AMOUNT DUE: _____

## TRANSPORTATION PROFILE

(Each institution **must** complete a transportation profile)

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

- Bus # of Buses \_\_\_\_\_
- Van # of Vans \_\_\_\_\_
- Cars # of Cars \_\_\_\_\_

2) Are you car-pooling with another college/university?  Yes  No

If yes, which one(s) \_\_\_\_\_

3) Estimated time of arrival on Friday, April 12, 2013: \_\_\_\_\_

4) Estimated time of departure: *(If later than 2pm on Sunday, April 14, 2013)* \_\_\_\_\_

## PROFESSIONAL STAFF/GUEST REGISTRATION LIST

Please list all staff/guest who will be attending from your institution. Each institution is responsible for registering their staff with The Sagamore. This list is for Syracuse University nametags and meal count only. Please print clearly or type names.

	<b>NAME</b>	<b>TITLE</b>	<b>PHONE</b>	<b>EMAIL</b>	<b>REG FEE</b>	<b>T-SHIRT SIZE</b>

## STUDENT REGISTRATION LIST

Please list all students who will be attending from your institution. Each institution is responsible for registering their students with The Sagamore. **The conference does not pay for students' hotel or food accommodations. Meals are included with the hotel room rate.** This list is for nametags, meal counts and registration fees only. Please print clearly or type names.

	First Name	Last Name	Freshman Sophomore Junior Senior Grad. Stud.	Gender	Ambassador Poster Competition Oral Presentation NA (circle one only)	Major	Abstract Submitted Online	Email	T-shirt size	Reg. Fee
1			F/So/J/S/G	M/F	A / PC/O/NA		Y/N		S/M/L/XL/XXL	
2			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
3			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
4			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
5			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
6			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
7			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
8			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
9			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
10			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
11			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	
12			F/So/J/S/G	M/F	A / PC /O / NA		Y / N		S/M/L/XL/XXL	

## STUDENT REGISTRATION LIST-CONTINUED

Please list all students who will be attending from your institution. Each institution is responsible for registering their students with The Sagamore. **The conference does not pay for students' hotel or food accommodations. Meals are included with the hotel room rate.** This list is for nametags, meal counts and registration fees only. Please print clearly or type names.

	First Name	Last Name	Freshman Sophomore Junior Senior Grad. Stud.	Gender	Student Ambassador Poster Competition Oral Presentation NA (circle one only)	Major	Abstract Submitted Online	Email	T-shirt size	Reg. Fee
13			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
14			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
15			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
16			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
17			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
18			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
19			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
20			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
21			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
22			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
23			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	
24			F/So/J/S/G	M/F	A / PC / O / NA		Y/N		S/M/L/XL/XXL	

# 21<sup>ST</sup> ANNUAL CSTEP STATEWIDE STUDENT CONFERENCE

APRIL 12-14, 2013 AT THE SAGAMORE ON LAKE GEORGE

## Ambassador Nomination Form



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Due to the overwhelming success of our Student Ambassador Corps, selected students will continue to lead our conference again this year!

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### Submission Deadline: February 08, 2013

Please nominate ONE student who will serve as your Ambassador. This student should be someone who is confident, articulate, and able to act independently as well as work comfortably in a team. Your Ambassador should also be someone who is NOT going to present in the Oral or Poster presentations, as they will be working as greeters, hosts, moderators, or ushers during both of these activities.

The success of this endeavor depends on your willingness to be involved and the energy and commitment your student can bring to the task. Let's give our students the opportunity to take ownership of their conference and to SHINE!

Please be prepared to provide the following information:

Director's Name \_\_\_\_\_

Director's Email \_\_\_\_\_

College \_\_\_\_\_

Ambassador's Name \_\_\_\_\_

Ambassador's Email \_\_\_\_\_

Ambassador's Shirt Size \_\_\_\_\_

Once the conference schedule is set, a sub-committee member will contact your student so that they are clear about their responsibilities. We will also hold a mandatory Ambassador's orientation on Friday evening to ensure that everyone is ready to do their part and represent your program with distinction.

**Please copy-paste the link below into your browser to submit your Ambassador Nomination information:**

**<http://bit.ly/CSTEPAmbassadorNomination2013>**

For questions, please email Barbara Thompson, CSTEP Ambassadors Committee Chair

Email: [bthomps@brockport.edu](mailto:bthomps@brockport.edu)