



SEE Annual Conference

Registration Information

Attendee Information:

FIRST NAME: _____ MI: _____ LAST NAME: _____

SCHOOL/ORGANIZATION: _____

PROGRAM/DEPARTMENT: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

DAYTIME PHONE: _____ EMAIL: _____

SELECT A REGION: NORTHEAST MID-ATLANTIC SOUTHERN MIDWEST WESTERN INTERNATIONAL **NOT SURE WHAT REGION, [CLICK HERE](#).**

CHECK IF YOU ARE A:

LEVEL

SPECIALTY

SETTING

FIRST-TIME CONFERENCE ATTENDEE

NEW MEMBER

- PROGRAM COORDINATOR/MANAGER
- PROGRAM DIRECTOR
- FACULTY
- DEAN/ASSISTANT DEAN
- TEACHER/COUNSELOR
- EXECUTIVE DIRECTOR/CEO/COO
- CORPORATE RECRUITER
- OTHER _____

- SERVICE-LEARNING
- INTERNSHIPS
- COOPERATIVE EDUCATION
- WORKFORCE/CAREER DEVELOPMENT
- STUDY ABROAD
- OUTDOOR EDUCATION
- FACULTY
- OTHER _____

- K-12
- COMMUNITY COLLEGE
- FOUR- YEAR UNIVERSITY
- NON-PROFIT
- COMMUNITY PARTNER
- CORPORATE PARTNER
- GOVERNMENT AGENCY
- OTHER _____

SELECT ALL THAT APPLY IN NEXT
THREE COLUMNS -----

Pre-Conference Workshops

Monday, September 25th

PRE-CONFERENCE WORKSHOP REGISTRATION INCLUDES WORKSHOP MATERIALS, LUNCH AND COFFEE BREAK

PLEASE SELECT ONE WORKSHOP PER TRACK, UP TO TWO TOTAL WORKSHOPS

Workshop Fees:

Member: \$195

Non-Member: \$215

TRACK 1 (8:00AM – 11:30AM)

- FUNDAMENTALS OF EXPERIENTIAL EDUCATION
- LEGAL ISSUES
- COMMUNITY-BASED LEARNING

TRACK 2 (12:15PM – 3:45PM)

- PRINCIPLES OF ETHICAL PRACTICE
- ASSESSMENT
- STRENGTHENING EE AT YOUR INSTITUTION

TOTAL PRE-CONFERENCE WORKSHOPS \$ _____

SEE Membership:

REGISTER OR JOIN ON-LINE @ WWW.SEE.ORG

JOIN SEE WHEN REGISTERING AND BE ELIGIBLE TO TAKE ADVANTAGE OF THE DISCOUNTED REGISTRATION RATE!

JOIN TODAY!

SUSTAINING, UP TO 20 PEOPLE - \$1,000
INSTITUTION, UP TO 8 PEOPLE - \$500
ADDITIONAL INSTITUTIONAL/SUSTAINING MEMBERS - \$85 PER PERSON
INDIVIDUAL - \$150
RETIRED - \$100
STUDENT, CURRENTLY ENROLLED FULL TIME - \$50

TOTAL MEMBERSHIP DUES \$ _____

Conference Registration:

Registration Category:

SELECT ONLY ONE →

Early Bird

(On or before 9/9)

Regular

(After 9/9)

Member.....	<input type="checkbox"/>	\$550.....	<input type="checkbox"/>	\$600
NON-MEMBER.....	<input type="checkbox"/>	\$775.....	<input type="checkbox"/>	\$825
Students*	<input type="checkbox"/>	\$200.....	<input type="checkbox"/>	\$250
Retired Faculty/Staff	<input type="checkbox"/>	\$275.....	<input type="checkbox"/>	\$325
Daily Member†	<input type="checkbox"/>	MON <input type="checkbox"/> TUES <input type="checkbox"/> WED	<input type="checkbox"/>	\$325.....
(PICK ONE ONLY)				
Daily Non-Member†	<input type="checkbox"/>	MON <input type="checkbox"/> TUES <input type="checkbox"/> WED	<input type="checkbox"/>	\$385.....
(PICK ONE ONLY)				

FULL CONFERENCE AND DAILY REGISTRATION INCLUDES ACCESS TO SESSIONS, CONFERENCE MATERIALS, AND MEAL FUNCTIONS (EXCLUDING DINE-AROUNDS).

*STUDENTS MUST PROVIDE PROOF OF FULL-TIME STATUS.

†DAILY RATE IS FOR ONE DAY ONLY AND MAY NOT BE COMBINED.

DO YOU REQUIRE SPECIAL ASSISTANCE? YES NO

REGISTRATION SUBTOTAL: \$ _____

Attendance – The following meal functions are included in Conference registration

(Please let us know which food functions you will attend; this will help us in planning the food functions)

I plan to attend the Experiential Kickoff (Monday)
 I plan to attend the Continental Breakfast (Tuesday)
 I plan to attend the Award Luncheon (Tuesday)

I plan to attend the Continental Breakfast (Wednesday)
 I plan to attend the Grab-n-Go Lunch (Wednesday)

IF YOU REQUIRE SPECIAL MEALS, PLEASE SELECT: GLUTEN-FREE VEGETARIAN VEGAN
THE ATTENDEE ASSUMES RESPONSIBILITY FOR ANY OTHER SPECIFIC FOOD REQUIREMENTS

Optional Excursions: More Information Will Be Sent At A Later Date

Register online at www.societyforee.org or by email see@talley.com

Questions? Call SEE at 856-423-3427

Payment:

CHECK – PAYABLE TO SEE
 VISA MC AMEX

CARD NUMBER _____

EXPIRATION DATE ____/____/____ Security Code (3 or 4 digit): _____

CARDHOLDER NAME _____

SIGNATURE _____

Section Subtotals

Please fill in your subtotals from all sections

+Membership _____

+Pre- Conference Workshops _____

+Conference Registration _____

Payment Total _____

NSEE reserves the right to charge the correct amount if different from calculated total fees. **Note:** Purchase Orders will not be accepted as a form of payment.

CANCELLATION POLICY: All cancellation requests must be received in writing by September 16, 2023. No refunds will be given for requests received after this date. **NO EXCEPTIONS.** There is a \$50 processing fee for all conference cancellations.