



2024 NACSW Convention Student Volunteer Application & Registration

Name: _____

Primary E-mail: _____ Alternate E-mail: _____

Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

College/University that you attend: _____

Currently, I am a(n): ☐ Undergraduate student ☐ Master student ☐ Doctorate student

Are you the designated leader for your group? ☐ Yes ☐ No

If you answered "No" to the question above, please list your group leader: _____

Is this your first time attending a NACSW convention? ☐ Yes ☐ No

Accommodations

☐ I'll be staying at the DoubleTree Hilton Hotel, Dallas Near the Galleria (4099 Valley View Ln, Dallas, TX 7244). I understand I need to make my own reservation by calling 214-741-7481 and that I must tell the DoubleTree Hotel that I am affiliated with the North American Association of Christians in Social Work and book by 12:00 AM on 9/10/2024 in order to receive the preferred rate.

☐ Other _____

Volunteer Schedule Choices:

Please list your 1st and 2nd choices for your volunteer slot.

_____ Thursday, October 10th, 2024

_____ Friday, October 11th, 2024

_____ Saturday, October 13th, 2024

Do you have experience connecting LCD projectors to laptop computers? ☐ Yes ☐ No

What day and time will you be arriving at the convention? _____

What day and time will you be leaving the convention? _____

Please add any additional comments about days/times you will not be available to volunteer (for example, if you are a workshop presenter). _____

PAYMENT

☐ **\$140 Non-member Rate** (includes 6-month NACSW membership at no additional cost)
OR

☐ **\$110 Member Rate** (applies to current individual members of NACSW only)

☐ **\$ 50 CE** (applies to graduate level students wishing to obtain CEs)

****NOTE**Registration rate includes attendance to all convention workshop sessions, plenary sessions and banquet, but not preconvention institutes.**

☐ My check or money order is enclosed and made payable to: NACSW

OR

☐ My credit card information is provided below. Please bill my credit card \$_____ convention registration.

☐ Visa ☐ MasterCard ☐ American Express

Cardholder's Name _____

Card Number _____ Card Expiration Date _____ / _____

Billing Address _____ Zip _____

CVV Number _____ (For Visa or MasterCard, this is the last three digits of the number printed on the signature strip on the back of your card. For American Express, this appears as a separate 4-digit code printed on the front of your card.)

REFUND POLICY

Refunds, minus a \$30 processing fee, are available, if requested, until September 16th, 2024. After this date refunds are not available.

STUDENT VOLUNTEER AGREEMENT

I would like to be a student volunteer at NACSW Convention 2024 in Dallas, TX to be held from October 10-13, 2024. I understand that in exchange for volunteering at the Convention up to 6 – 10 hours, I will receive this discounted student volunteer registration rate.

Signature _____ Date _____

Please provide us with an emergency contact person while you are joining us at the convention.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please mail this form and your registration payment no later than 8/31/24 to:

NACSW

Attn: Office Support Staff

6601 West College Dr.

Palos Heights, IL 60463

If you have questions or concerns about your application, please contact the NACSW office at convention@nacs.org or 888-426-4712

Note: NACSW may videotape or take photographs of convention participants. These may be posted on NACSW's website. If you have a concern about photo/video usage, contact the NACSW office at 888-426-4712.