



## ATTENDEE INFORMATION

Full Name: \_\_\_\_\_

First Name/Nickname for badge: \_\_\_\_\_

College/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Is this the first time you have attended DREAM? ☐ Yes ☐ No

Please indicate any dietary needs: ☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ N/A Other (e.g., food allergies) \_\_\_\_\_

Please list any ADA-specific aids or services you require: \_\_\_\_\_

## PREFERRED EMERGENCY CONTACT:

Please enter the first and last name: \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

### Your Organization Type

- ☐ College
- ☐ Foundation
- ☐ Nonprofit Organization
- ☐ Corporation
- ☐ Other

### What is your ATD Role? Please select all that apply.

- ☐ ATD College
- ☐ Board Member
- ☐ Leader College
- ☐ Leadership Coach
- ☐ Data Coach
- ☐ Founding Partner
- ☐ State Organization
- ☐ Funder
- ☐ External
- ☐ Invited Speaker
- ☐ ATD Staff
- ☐ Prospective ATD
- ☐ Media
- ☐ Student
- ☐ Guest

### Your College Role (if applicable)

- ☐ President/Chancellor/CEO
- ☐ Cabinet Member
- ☐ Dean/Director/AVP
- ☐ Faculty
- ☐ Student
- ☐ Staff

### Your College Functional Area (if applicable)

- ☐ Academic Affairs
- ☐ Student Services
- ☐ Continuing Education
- ☐ Institutional Research
- ☐ Information Technology

## SPECIAL FUNCTIONS:

I plan to attend Tuesday evening's Opening Reception ☐ Yes ☐ No

For Presidents Only: I plan to attend Wednesday's President's Colloquium Luncheon: ☐ Yes ☐ No

## CONFERENCE FEES

### Registration Fees for **ATD NETWORK COLLEGES** (All fees listed in U.S. Funds.)

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

RECEIVED BY  
DECEMBER 13

AFTER  
DECEMBER 13

Full Annual Meeting	<input type="checkbox"/> \$695	<input type="checkbox"/> \$815
Wednesday Only including Tuesday Reception	<input type="checkbox"/> \$475	<input type="checkbox"/> \$500
Wednesday Only	<input type="checkbox"/> \$425	<input type="checkbox"/> \$450
Thursday Only	<input type="checkbox"/> \$425	<input type="checkbox"/> \$450

### Registration Fees for **OUT-OF-NETWORK ORGANIZATIONS** (All fees listed in U.S. Funds.)

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

RECEIVED BY  
DECEMBER 13

AFTER  
DECEMBER 13

Full Annual Meeting	<input type="checkbox"/> \$860	<input type="checkbox"/> \$970
Wednesday Rate including Tuesday Reception	<input type="checkbox"/> \$525	<input type="checkbox"/> \$555
Wednesday Only	<input type="checkbox"/> \$495	<input type="checkbox"/> \$535
Thursday Only	<input type="checkbox"/> \$495	<input type="checkbox"/> \$535

### Pre-Conference Workshops (Tuesday, February 18)

NETWORK  
COLLEGE

OUT-OF-NETWORK  
ORGANIZATION

<b>9:00 a.m.-Noon</b>		
Designing Faculty Professional Learning for Student Success	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Leveraging Our Student Success Work to Address Economic Mobility	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
No Wrong Door: Designing a Holistic Student Supports Approach	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Using Postsecondary Data Partnership (PDP) Resources: A Hands-On Approach for Institutional Leaders	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
The Art of Communicating with Data and Analytics	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
<b>1:00 p.m.-4:00 p.m.</b>		
Increasing Equity through K-12 Partnerships: Focused Interventions for Underrepresented Populations	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Leading from the Middle: A Leadership Development Academy for Faculty and Middle Managers	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Leading Holistic Student Supports Redesign: A Workshop for College Leadership	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
The OER Experience: Interactive OER Workshop	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Setting a Vision for Talent Development and Economic Mobility...and then Delivering on It!	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
<b>7:30 a.m.-4:00 p.m.</b>		
The Equity Institute with DREAM 2020 Attendance	<input type="checkbox"/> \$400	<input type="checkbox"/> \$475
The Equity Institute (Only)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$595
<b>8:30 a.m.-4:00 p.m.</b>		
Every Learner Everywhere Convening	<input type="checkbox"/> No charge	<input type="checkbox"/> No charge

### Registration Fee

\$ \_\_\_\_\_

Group Discount (does not apply to Pre-Conference Workshops):

Subtract 10% if submitting at least three registrations from your organization

-\$ \_\_\_\_\_

### Pre-Conference Workshop(s) Fee

\$ \_\_\_\_\_

### Total Registration Fee

\$ \_\_\_\_\_

Discount Code, if applicable: \_\_\_\_\_

**Cancellations/Changes and Refunds:** Fees for missed meals, late arrivals, and early departures will not be refunded. **Fees will be refunded, less a \$250.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than February 3, 2020.** After that date, fees are non-refundable (including no-shows). Substitutions are allowed at no charge

**Payment Method:**

Check or Money Order payable to: **Achieving the Dream.** Your registration confirmation/receipt will be sent via email.

Please check appropriate box: ☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ American Express

Print Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please mail or fax completed registration form with payment to:**

DREAM 2020  
Achieving the Dream  
8484 Georgia Avenue, 5<sup>th</sup> floor  
Silver Spring, MD 20910

Phone: 240-450-0075  
FAX: 240-450-0076  
Email: [events@achievingthedream.org](mailto:events@achievingthedream.org)