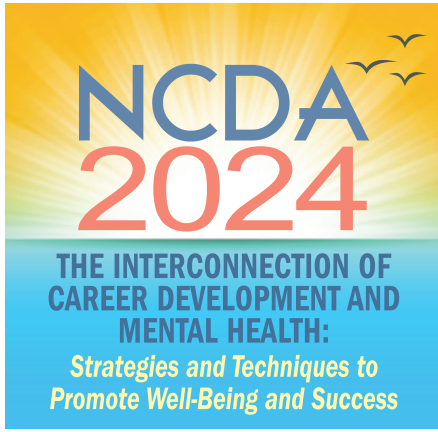


REGISTRATION FORM



SAN DIEGO, CA • JUNE 26-28, 2024
PRE-CONFERENCE: JUNE 25, 2024

Please check here if you are a first-time attendee.

Name _____

Organization _____

Mailing Address _____

City/State/Zip/Country _____

Phone _____

Email _____

(please print email address clearly)

Please identify your preferred pronouns:

- He/him/his/himself
- She/her/hers/herself
- They/them/theirs/themselves
- Prefer not to answer/don't want pronouns listed

Please identify which one constituency group best describes you:

- Counselor Educators & Researchers
- Private Practice, Business/Industry & Agencies
- Higher Education Career Counselors & Specialists
- School Career Counselors & Specialists
- Graduate Student

SECURE ONLINE REGISTRATION AVAILABLE AT: www.ncdaconference.org

IMPORTANT: NCD A Headquarters will not accept conference registrations in the office after June 10. Please plan to register on-site if you wish to register after June 10, 2024.

CONFERENCE REGISTRATION, June 26 – 28, 2024

NCD A Member	\$599	\$ _____
NCD A Student/Retired/New Professional	\$475	\$ _____
Non-Member	\$699	\$ _____
VIRTUAL "add on" for those attending the live event in San Diego <i>*includes all live events in San Diego and access to the virtual platform. Must register for full conference registration to take advantage of this discounted rate.</i>	\$200	\$ _____

VIRTUAL ONLY ATTENDANCE (virtual event opens July 22)

NCD A Member	\$350	\$ _____
NCD A Student/Retired/New Professional	\$200	\$ _____
Non-Member	\$450	\$ _____

PROFESSIONAL DEVELOPMENT INSTITUTES

On-site registration cannot be guaranteed. Space is limited.
PDI s are OPTIONAL and not included in Conference Registration fees.
Please see www.ncdaconference.org for titles and descriptions of PDI s.

AM PDI (one PDI ONLY)	\$100	\$ _____
PM PDI (one PDI ONLY)	\$100	\$ _____
AM and PM PDI (\$50 discount for two PDI s)	\$150	\$ _____

AM PDI s: June 25, 7:45 am – 12:00 noon (please indicate your selection)

- PDI #1 PDI #2 PDI #3 PDI #4

PM PDI s: June 25, 1:15 pm – 5:30 pm (please indicate your selection)

- PDI #5 PDI #6 PDI #7 PDI #8

ONE-DAY REGISTRATION

Please indicate: Wednesday Thursday Friday

NCD A Member	\$200	\$ _____
NCD A Student/Retired/New Professional	\$200	\$ _____
Non-Member	\$300	\$ _____

REGISTRATION FORM



HOW TO REGISTER



Securely Online at
www.ncdaconference.org
(preferred method)
Major credit cards accepted.



Mail
Check or Credit Card accepted.
Send Registration Form and payment to:
NCDA, 305 North Beech Circle,
Broken Arrow, OK 74012



Fax
Purchase Order or Credit Card accepted.
Fax: (918) 663-7058

Confirmations will be sent via email.

CANCELLATION POLICY

Cancellations received in writing prior to June 10 will be subject to a \$50 processing fee (US funds). NO refunds will be given after June 10. If paying via purchase order, your organization will be required to fulfill the purchase order even if you do not attend. Refunds will not be given for no-shows after the conference.

SUBSTITUTIONS

Attendee substitutions will be accepted if received in writing from the original registrant by June 10. Requests may be emailed to Natalie Scrimsher at nscrimsher@ncda.org. Registration fees will be based on substitute's membership status.

ATTENDEE IMAGE POLICY

See www.NCDAconference.org for full policy.

QUESTIONS?

Visit our website at
www.NCDAconference.org
Phone: (918) 663-7060 Fax: (918) 663-7058
Email: Natalie Scrimsher:
nscrimsher@ncda.org
NCDA
305 North Beech Circle
Broken Arrow, OK 74012

SPECIAL NEEDS

Please indicate any special needs you may have. Dietary Physical

Please provide a brief description of special needs: _____

AMBASSADOR PROGRAM

- I am interested in being an NCDA International Ambassador at the conference.
- I am an international participant and interested in having an NCDA Ambassador at the conference.

NCDA MEMBERSHIP

Yes, I would like to join/renew NCDA membership and save on my conference registration fees.

Regular Member (annual fee) \$95 \$ _____
For those who have an interest or involvement in career development.

Student Member (annual fee) \$40 \$ _____
Students enrolled in programs preparing them for counseling and other career development areas.

New Professional Member (annual fee) \$40 \$ _____
For graduate students in their first year of employment in the field OR anyone new to NCDA regardless of employment history. Limit of one year.

PRIVACY STATEMENT

- I have read and understand the NCDA Privacy Statement. The NCDA Privacy Policy can be found at www.ncda.org.

PAYMENT

- Payment must accompany registration form or registration will not be processed.
- Purchase Order Payments: PO must accompany registration form.
- Payment must be made in U.S. dollars.
- Payable to: National Career Development Association (FEI: 52-6045839)
- W-9 can be found at www.ncdaconference.org

Check Credit Card Purchase Order # _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Billing Address of Cardholder _____

City, State, Zip, Country _____

Email of Cardholder _____

TOTAL ENCLOSED

Total payment for both sides of registration form.
Conference Registration and NCDA Membership. \$ _____