



**2024 NMEA Conference Collegiate Symposium Registration**  
**DUE NOVEMBER 1**

**FORM INSTRUCTIONS**

1. This form should be completed by the Chapter President and Faculty Advisor.
2. Please enter the names of all collegiate members who will be attending the 2024 NMEA Conference/In-Service Clinic.
3. When finished, **save the form as a PDF** and email to Brian Alber at [college.affairs@nmeanebraska.org](mailto:college.affairs@nmeanebraska.org) AND the Executive Director at [executive@nmeanebraska.org](mailto:executive@nmeanebraska.org).
4. Symposium registration includes a ticket to the Friday evening Awards Dinner. Please indicate which students will be attending the Awards Dinner along with any dietary restrictions so we can get an accurate headcount.

After your form has been emailed, the Chapter Advisor will receive an invoice to make their registration payment. Payment can be made via credit card or check, but credit card is preferred.

**Chapter Information**

Name of School: \_\_\_\_\_

Chapter President: \_\_\_\_\_ Chapter President Email: \_\_\_\_\_

Chapter Advisor: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

Advisor Phone Number: \_\_\_\_\_ Advisor Address: \_\_\_\_\_

**Registration Information**

Registration fee (per student): **\$27.00** Number of students registering: \_\_\_\_\_

**TOTAL AMOUNT TO BE PAID:** \_\_\_\_\_

**Invoice Information**

*Who should the invoice for payment be made out to?*

- Chapter Advisor (using information above)  Other (please fill out info below)

Name for Invoice: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Student List**

	Student First and Last Name	Attending Awards Dinner? (Y/N)	Dietary Restrictions?
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	Student First and Last Name	Attending Awards Dinner? (Y/N)	Dietary Restrictions?
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	Student First and Last Name	Attending Awards Dinner? (Y/N)	Dietary Restrictions?
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