

Registration Form

CGS Summer Workshop and New Deans Institute
July 13 - 17, 2024
Hilton Boston Park Plaza Hotel | Boston, MA

PARTICIPANT INFORMATION:

NAME _____
BADGE NAME (FIRST NAME) _____
POSITION TITLE _____
INSTITUTION _____
ADDRESS _____
EMAIL _____

OFFICE PHONE _____
GUEST NAME _____
 Check here if you are a first-time attendee
 Check here if you have special dietary or physical needs; please specify: _____

Registration Fees:	Early-Bird (until 4/30/24)		Regular (after 4/30/24)		Amount
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	
New Deans Institute + Summer Workshop	\$1,050	\$1,620	\$1,210	\$1,865	\$ _____
Summer Workshop ONLY	\$900	\$1,380	\$1,080	\$1,670	\$ _____

Summer Workshop fee includes registration, two lunches, opening reception, and morning/afternoon breaks. The combination New Deans Institute/Summer Workshop also includes registration, lunch, and breaks.

Cancellation/Refund Policy

CGS will fully refund registration and ticket fees if cancellation notification is received, in writing, on or before May 31.

After May 31, all refunds will be subject to a \$100 processing fee.

No refunds will be honored after June 25.

To Register Online, visit: www.cgsnet.org

Please complete and...

MAIL registration form and payment to:
Council of Graduate Schools, Meetings Dept.
One Dupont Circle, NW, Suite 230
Washington, DC 20036

FAX If paying by credit card, fax your form to CGS at 202-461-3895. Credit card payment must include the card and CVV numbers, expiration date, cardholder name, and signature.

ONLINE registration form and payment information are also available online: www.cgsnet.org

Event Tickets

Guest Opening Reception (Sun, 7/14)

_____ tickets at \$80 each (guests only) \$ _____

Guest Lunch (Mon, 7/15)

_____ tickets at \$50 each (guests only) \$ _____

Old South Meeting House Reception (Mon, 7/15)

_____ tickets at \$90 each \$ _____

Guest Lunch (Tues, 7/16)

_____ tickets at \$50 each (guests only) \$ _____

Payment Type Please print clearly.

Check VISA
 MasterCard AmEx

TOTAL AMOUNT CHARGED TO CARD

CARDHOLDER NAME

CARD NUMBER

EXP. DATE

CVV#

SIGNATURE

By signing this form, you acknowledge that you have read and understood CGS' Privacy Policy, available at <https://cgsnet.org/privacy-policy>.