

Registration Form

CGS 64th Annual Meeting
December 4-7, 2024
Marriott St. Louis Grand

PARTICIPANT INFORMATION:

NAME _____

BADGE NAME (FIRST NAME) _____

POSITION TITLE _____

INSTITUTION _____

WORK ADDRESS _____

EMAIL _____

CC EMAIL ADDRESS _____

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: _____

FEES:

Annual Meeting Fee (please check one)

Includes meeting materials, opening reception and dinner, two lunches and breaks.

	MEMBER	NON-MEMBER	
Early-Bird Registration (postmarked on or before October 1, 2024)	<input type="checkbox"/> \$990	<input type="checkbox"/> \$1535	\$ _____
Regular Registration (postmarked October 2 - November 15, 2024)	<input type="checkbox"/> \$1150	<input type="checkbox"/> \$1780	_____
Graduate Student Rate	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	_____

Meeting Fee Subtotal \$ _____

Pre-Meeting Workshops – Wednesday, 12/4/24

All workshops are \$75 per session

(please check one workshop per time slot):

Morning (9:00 am - 11:00 am)

- Sustaining Grad Student Success and Resilience \$ _____
- Review of Grad. Programs: Master's and Doctoral _____
- Preparing for Uncertainty: Strategic Planning _____
- New Models of International Recruitment _____

Afternoon (2:00 pm - 4:00 pm)

- Cost of Graduate Education _____
- Developing Campus-wide Efforts to Support DEI _____
- Models of Writing Support for Graduate Students _____
- Fundraising for Graduate Education _____

Workshop Fee Subtotal \$ _____

Please complete registration form and payment information, and:

MAIL: Council of Graduate Schools, Meetings Dept., One Dupont Circle, NW, Suite 230, Washington, DC 20036 FAX/

EMAIL: Completed registration form(s) may be faxed to 202-461-3895 or emailed to meetings@cgs.nche.edu

Guest Meal Tickets

Meeting attendees **DO NOT** need to purchase meal tickets:

Opening Reception - Wednesday, 12/4

_____ tickets at \$90 each \$ _____

Awards Luncheon - Thursday, 12/5

_____ tickets at \$75 each \$ _____

Networking Lunch - Friday, 12/6

_____ tickets at \$75 each \$ _____

Guest Meal Ticket Subtotal \$ _____

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>.

To register online with a credit card, visit www.cgsnet.org.