

Registration Form

CGS 65th Annual Meeting
December 3-6, 2025
Marriott Marquis Washington, DC

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, 2025)	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1600	\$ _____
Regular Registration (postmarked October 2 - November 15, 2025)	<input type="checkbox"/> \$1195	<input type="checkbox"/> \$1850	_____
Graduate Student Rate	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	_____

		Meeting Fee Subtotal	\$ _____

Pre-Meeting Workshops – Wednesday, 12/3/25

All workshops are \$75 per session

(please check one workshop per time slot):

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

☐ Strategic Planning During Tumultuous Times \$ _____

☐ Making the Case for the Value of the Graduate School _____

☐ Strategies for Supporting Graduate Student Wellness _____

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

☐ Review of Graduate Programs _____

☐ New Models of University/Employer Partnerships _____

☐ Improving Access and Affordability in Grad Ed _____

☐ 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, 12/3

_____ tickets at \$90 each \$ _____

Awards Luncheon - Thursday, 12/4

_____ tickets at \$80 each \$ _____

Networking Lunch - Friday, 12/5

_____ tickets at \$80 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.