

Registration Form

CGS 66th Annual Meeting
December 2-5, 2026
JW Marriott LA Live, Los Angeles, CA

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, 3 breakfasts, 2 lunches and breaks.

	MEMBER	NON-MEMBER	
Early-Bird Registration (postmarked on or before October 1, 2026)	☐ \$1020	☐ \$1640	\$ _____
Regular Registration (postmarked October 2 - November 15, 2026)	☐ \$1225	☐ \$1900	_____
Graduate Student Rate	☐ \$350	☐ \$450	_____

		Meeting Fee Subtotal	\$ _____

Pre-Meeting Workshops – Wednesday, 12/2/26

All half day workshops are \$75 per session. (Check only one workshop per time slot.)

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

☐ Strategic Approaches to Grad Enrollment Management \$ _____

☐ Grad Student Wellness - Mental Health and Well-Being _____

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

☐ Fundraising for Graduate Education _____

☐ Scalability, Acceleration and Collaboration _____

☐ Program Review in Changing Accreditation Landscape _____

All Day Workshop (members only) - 12/2/26

9:00 am - noon & 1:00 - 4:00 pm

\$275 for both sessions

Leading at the Summit: An Institute for Senior Grad Leaders \$ _____

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

EMAIL: Completed registration form(s) may be emailed to meetings@cgs.nche.edu

Guest Meal Tickets

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

Opening Reception - Wednesday, 12/2

_____ tickets at \$99 each \$ _____

Awards Luncheon - Thursday, 12/3

_____ tickets at \$90 each \$ _____

Networking Lunch - Friday, 12/4

_____ tickets at \$90 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.