



Registration Form

Chair and Academic Administrators Management Program (CAAMP)

July 18-20, 2013
Georgian Terrace Hotel, Atlanta, GA

(Please type or print the following)

Full Name: _____

Preferred First Name or Nickname: _____

School or Institutional Affiliation (if any):

Title/Academic Rank (if any): _____

Mailing Address:

City: _____

State (if USA): _____

Country (if other than USA): _____

Zip Code: _____

Email Address: _____

Work Phone: _____

Home or Cell Phone: _____

Fax Number: _____

Emergency Contact Name and Phone Number: _____

Highest degree(s)/certification(s) attained: _____

If you currently hold an academic position, please indicate if your appointment is:

Full time

Part time

How did you learn about CAAMP?

Referral from dean/administrator/
department chair

Referral from colleague

ADEA website

ADEA newsletter/e-mail

Academy for Academic Leadership e-mail

Internet search

Ad in trade journal*

Specialty organization website*

Specialty organization newsletter/e-mail*

Other*

* - please specify: _____

The registration fee for CAAMP is \$1,995.

To pay by credit card, please write your credit card number and expiration date on the "Address" lines below. The Academy for Academic Leadership will e-mail a receipt to you.

If you wish to be invoiced for the registration fee, or if you wish your institution to be invoiced, please complete the following:

Name: _____

Address: _____

Agreement to Participate:

I understand that if I am selected to participate in CAAMP, I am required to attend all activities and complete all assignments throughout the program. I understand that, once I am accepted, the registration fee of \$1,995 is due by July 12, 2013. Failure to submit the tuition by the deadline will result in the loss of my position in the program. After July 12, 2013, withdrawal from the program for any reason will result in the forfeiture of 50% of the tuition. I understand the Academy for Academic Leadership (AAL) may take photographs and video of my participation in CAAMP activities. I hereby grant permission to the AAL to use these photograph and video image on its World Wide Web site, on public sites such as YouTube, or in AAL printed publications without further consideration, and I acknowledge AAL's right to crop or treat the photograph and video at its discretion. I also acknowledge that AAL may choose not to use my photo and video at this time, but may do so at its own discretion at a later date. I further understand that once my image is posted on AAL's website, the image can be downloaded by any computer user on or off campus. Therefore, I agree to indemnify and hold AAL and its employees harmless from any claims. I also understand that the conduct of this program is contingent upon adequate enrollment and factors beyond the control of the AAL. Should the program be cancelled for any reason, I will receive a full refund of any tuition paid to AAL. AAL is not responsible for other costs that I incur as a participant in the program. I understand that AAL is not a placement agency and makes no promise of employment as a result of participation in the program. My typed or signed name and submission of this form constitutes my Agreement to Participate.

Signature: _____ Date: _____

Please fax to 404-350-2099 or mail to:

**AAL – CAAMP
3565 Piedmont Road, NE
Building One, Suite 430
Atlanta, GA 30305**