

College Board Institute on Financial Aid

Hilton Durham near Duke University, Durham, N.C.

Registration Form

Oct. 7-11, 2013

Please fill out the form electronically or	print in all CAPITAL LETTERS using blue or black ink.	
Applicant Information:		Meeting ID: 3121310071
First Name M.	. Last Name	Registration Deadline Is September 23, 2013.
Title	School or Institution	 Do not send me information and news regarding College Board services, products and other offers via email.
Address City Email Supervisor First Name M. Supervisor Email	Phone State/ ZIP/Postal Code Province Supervisor Last Name Members Nonmembers Amount	The College Board frequently videotapes and records its events and meetings. By attending this event you consent to being recorded and/or photographed, and authorize the College Board and/or its agents or licensees to use any recording and/or photographs, as well as any statements that you make ("Footage"), in any medium (including, without limitation, audio, video, print, broadcast, etc.) throughout the world at the College Board's sole and exclusive discretion. The College Board may also edit, distribute, exhibit, publicize, advertise and otherwise exploit the Footage in all media and formats, now known or hereafter developed, for commercial and noncommercial use.
5-Day: Mon.—Fri. (New Aid & Advanced) 3-Day: Mon.—Wed. (New Aid) 3-Day: Wed.—Fri. (Advanced)	\$850 \$950 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Mail this form to: The College Board 411 Lafayette Street, Suite 201 New York, NY 10003
	Total Amount Due: \$ p status here: apps.collegeboard.org/cbsearch/searchMInstitutionStart.jsp ship.collegeboard.org for more information.	Or fax anytime to: 212-460-5460 (Institutional purchase orders above \$25, or credit card orders only) For inquiries: If you have registration questions, call 800-787-7477 or email
 Check made payable to: The College Board Institutional purchase order (a copy of the P.O. must accompany your registration) MasterCard American Express Visa 	Card Number Exp. Date Cardholder's Name	workshopreg@collegeboard.org.