

HARVARD ALUMNI ASSOCIATION
NORTH AMERICAN REGIONAL VOLUNTEER CONFERENCE
NOVEMBER 4-6, 2011
REGISTRATION FORM

Go to: https://post.harvard.edu/olc/membersonly/HAA/events/event_order.cgi?tmpl=events&event=2354011

RSVP BY OCTOBER 24, 2011

HAA Clubs & SIGs Office
124 Mt. Auburn Street, 6th Floor
Cambridge, MA 02138

PHONE: 617.495.3070
FAX: 617.496.4011
EMAIL: clubs@harvard.edu

Name: _____ Degree(s)/Year(s): _____

Harvard Club Name: _____

Harvard Club Role/Affiliation: _____

Email: _____

Guest: _____ Guest Degree(s)/Year(s): _____

FRIDAY, NOVEMBER 4		CLUB VOLUNTEER	GUEST
6:00 – 9:00 PM	Welcome Dinner – O'Donnell Room <i>Knight Center at Washington University</i> Remarks to be provided by: Diane Mathis, PhD <i>Professor of Microbiology and Immunobiology at Harvard Medical School</i>	<input type="checkbox"/>	<input type="checkbox"/>

SATURDAY, NOVEMBER 5 – FULL DAY BUSINESS MEETING AT KNIGHT CENTER		CLUB VOLUNTEER	GUEST
8:30 – 8:45 AM	Welcome & Opening Remarks	<input type="checkbox"/>	
8:45 – 9:30 AM	Introduction Icebreaker: What's YOUR Story?	<input type="checkbox"/>	
9:30 – 10:15 AM	HAA Nuts and Bolts – Staff Presentation	<input type="checkbox"/>	
10:30 – 11:15 AM	Round Table Sharing of Key Success or Challenge	<input type="checkbox"/>	
11:15 AM – 12:15 PM	Tech Tools to Enhance Marketing and Membership	<input type="checkbox"/>	
12:15 – 2:00 PM	Working Lunch – Informal Event Topic Discussion in Small Groups	<input type="checkbox"/>	<input type="checkbox"/>
2:15 – 3:15 PM	Admissions Programming	<input type="checkbox"/>	
3:30 – 4:30 PM	Developing a Sustainable Club	<input type="checkbox"/>	
4:30 PM	Closing Remarks	<input type="checkbox"/>	
7:30 – 10:00 PM	Closing Dinner	<input type="checkbox"/>	<input type="checkbox"/>

SUNDAY, NOVEMBER 6		CLUB VOLUNTEER	GUEST
Morning departures for early flights			
9:00 AM	Optional Sightseeing – St. Louis Tour	<input type="checkbox"/>	<input type="checkbox"/>
12:30 – 2:00 PM	Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon departures for late flights			

REGISTRATION FEE	CLUB VOLUNTEER	GUEST
	\$50.00	\$ 50.00

PAYMENT INFORMATION

Total: \$ _____

Credit Card: _____ Exp. Date: _____

Name on card: _____

Phone: _____

Billing Address: _____

Signature: _____