



2018 National Assembly
NON-DELEGATE
Registration and Room Assignment Form

REGISTRATION DEADLINE: Jan. 31

Send the completed form to:

PRSSA National Assembly, Fax (212) 460-5460
411 Lafayette Street, Suite 201, New York, NY 10003

Registration Questions: (800) 350-0111 or (212) 460-9700

Other Questions: PRSSA Headquarters (212) 460-1474

Register Online:
http://apps-prssa.prsa.org/events/Assembly/

Contact Information (Registration confirmation will be mailed within seven working days from date received.)

Last Name: First Name:

College/University:

Current Address:

City/State/Zip:

Day Phone: Email:

National PRSSA Dues: [] Paid November 2017 [] Will pay March 2018

Gender (for room assignments): [] Female [] Male

[] Special Needs: If you have special needs that may affect your participation, including dietary restrictions, check here. PRSSA Headquarters will contact you to discuss accommodations.

Emergency Contact: Relationship:

Day Phone: Evening Phone: Cell Phone:

Room Reservation at Hyatt Regency Miami

Non-delegates must pay for their hotel charges on-site. PRSSA will assign rooms to non-delegate attendees on a first-come, first-served basis, in rooms with other non-delegates. Every effort will be made to assign roommates based on your room occupancy preference; however, it is not guaranteed. If you have other room requests, contact PRSSA Headquarters at (212) 460-1476. Please note: PRSSA is not responsible for last-minute cancellations or no-shows for hotel reservations.

Room rate: \$269 per room per night (not including taxes)

Reservation (select one or more):

[] No Hotel Reservation Needed [] Thursday, March 8 [] Friday, March 9 [] Saturday, March 10

Room Occupancy (select one): [] Single (1 person) [] Double (2 people) [] Triple (3 people) [] Quad (4 people)

Assembly Registration

Full payment of the registration fee must accompany this form. Make checks payable to "PRSSA National Assembly."

[] Enclosed is my check for \$65

[] Charge the \$65 fee to: Card No. _____

Credit Card Type: [] Expiration: _____ Name on Card: _____

Non-Delegate's Signature

Faculty Adviser's Signature