



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