

## NACCAS Workshop Registration Form

- **Complete Sections A and D** if the institution does not have a school reference number. You are required to attend the Pre-Candidate Class on Saturday, as well as the NACCAS Workshop, which will be held on Sunday and Monday, within the 6 month period prior to submitting an Application for Candidate Status.
  - **Complete Sections B and D** if the institution has a school reference number and is:
    - **Candidate School.** You are required to attend a NACCAS Workshop, which will be held on Sunday and Monday, within 12 months following dating the Grant of Candidate Status. Additionally, you are required to attend a second workshop prior to submitting an Application for Initial Accreditation if it has not been submitted within the first 12 months of Candidate Status.
    - **Accredited School (during the first three years of accreditation).** You are required to attend a NACCAS Workshop, which will be held on Sunday and Monday, at least once during each of the institution's first 3 years of accreditation, dating from the Grant of Initial Accreditation.
    - **Accredited School (longer than three years of accreditation).** You are required to attend a NACCAS Workshop between 9 and 24 months prior to the institution's anniversary date.
  - **Complete Sections C and D** if you are a NACCAS Evaluator (ICPE) or interested in becoming an ICPE. ICPEs are required to attend a NACCAS Workshop, which will be held on Sunday and Monday, within 24 months of attending a prior workshop. New ICPE applicants must attend a workshop within 6 months of applying to serve as an ICPE.
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### Workshop registration fee payment options:

- To pay by check, send the COMPLETED Workshop Registration form and check to NACCAS by Certified Mail or other TRACEABLE MEANS.
- To pay by credit card, send the COMPLETED Workshop Registration form to NACCAS
  - by Certified Mail or other TRACEABLE MEANS or
  - by email to Lupeachra Davis ([ldavis@naccas.org](mailto:ldavis@naccas.org)) or
  - by FAX to (703) 379-2200

Contact Lupeachra Davis at (703) 600-7600 ext. 131 to verify that the NACCAS Workshop Registration form has been received and provide credit card information.

If you have any questions regarding the Workshop Registration Process, please contact Michael Pickus at the NACCAS Office at (703) 600-7600 Ext 135 or by email ([mpickus@naccas.org](mailto:mpickus@naccas.org)).

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## Notes

1. All workshop fees are non-refundable; this includes "No Shows."
2. Attendees must remain through the conclusion of each day (approximately 5-6pm) to receive full NACCAS Workshop attendance credit. Please make your travel arrangements accordingly.
3. You may transfer to one subsequent workshop at least 21 days prior to the start of the Workshop for which you are registered.
4. The Application for Candidate Status includes the workshop registration fee for two school representatives (one must be an Owner) for the next workshop during the first 12 months of Candidate Status.
5. Please be aware that sometimes conference room temperatures vary, please dress appropriately in layers to adjust to changes in room temperatures.
6. The workshop is taught in English and it is the responsibility of the school owner if they do not understand English to bring an interpreter and NACCAS will waive the registration fee for that person. The interpreter must also submit a Workshop Registration form, but the workshop fee is waived.
7. The Late Fee Deadline is the date that NACCAS must have received both the completed NACCAS Workshop Registration form and payment. A late fee will be applied after that date. The late fee also applies to walk-in registrations.
8. The NACCAS Workshop Requirements are specified in Appendix #3 of the NACCAS *Handbook*. A PDF of Appendix #3 may be downloaded from: [Appendix #3 – NACCAS Workshop Requirements](#).



## Workshop Registration Section B – Candidate & Accredited Schools

Name of Registrant:

Check if registrant is a translator (workshop fee waived - see note 6)

Email:

Business Name:

Mailing Address:

City, State Zip:

Business Phone:

Cell Phone:

Fax:

### School Reference Numbers:

Please attach a separate spreadsheet for any additional schools.

	<b>Workshops</b>	<b>Location</b>	<b>Hotel Deadline</b>	<b>Late Fee Deadline</b>
<input type="radio"/>	March 20-21, 2016	Tampa, FL	February 25	March 11
<input type="radio"/>	June 25-27, 2016	Arlington, VA	June 3	June 17
<input type="radio"/>	September 10-12, 2016	Salt Lake City, UT	August 19	September 2
<input type="radio"/>	December 10-12, 2016	Scottsdale, AZ	November 18	December 2

### Select the Monday concurrent session preferences:

	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
Satisfactory Academic Progress (SAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The "How To (ISS)"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Best Practices for Developing a Financially Sound School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual Reports (June and September workshops only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Workshop Registration Fees:

The Application for Candidate Status includes 2 free (see note 4):

\$0

Workshop Fee:

\$465

Late Registration Fee (see deadlines above & note 7):

\$200

Total:

## Workshop Registration Section C – NACCAS Evaluators/ICPEs

Name of Registrant:

Email:

Business Name:

Mailing Address:

City, State Zip:

Business Phone:

Cell Phone:

Fax:

**School Reference Numbers (if schools should receive credit):**

Please attach a separate spreadsheet for any additional schools.

	<b>Workshops</b>	<b>Location</b>	<b>Hotel Deadline</b>	<b>Late Fee Deadline</b>
<input type="radio"/>	March 20-21, 2016	Tampa, FL	February 25	March 11
<input type="radio"/>	June 25-27, 2016	Arlington, VA	June 3	June 17
<input type="radio"/>	September 10-12, 2016	Salt Lake City, UT	August 19	September 2
<input type="radio"/>	December 10-12, 2016	Scottsdale, AZ	November 18	December 2

**Monday concurrent session:**

Independent Contractor Peer Evaluator (ICPE) Seminar (morning and afternoon sessions)

**Evaluator Category**

- Academic
- School Owner/Administrator
- Practitioner

**Registration Fees:**

Workshop Fee:	\$0
<b>Workshop Fee if schools should receive credit:</b>	<b>\$465</b>
Late Registration Fee (see deadlines above & note 7):	\$200
Total:	<input type="text"/>

# Workshop Registration Section D

National Accrediting Commission of Career Arts & Sciences, Inc.

## Information Disclosure Policy

This Information Disclosure Policy is intended to explain to you (1) how NACCAS gathers personally-identifiable information from you, (2) the uses to which that information may be put, (3) NACCAS' policy concerning sharing that information with third parties and (4) your right to request that NACCAS not share your information with others.

### **The Information We Collect**

You provide specific personal information during the Accreditation Workshop registration process. The information includes: your name, address, e-mail address, telephone number and payment information for the workshop attendance.

### **How We Use the Information**

We use the information you provide about yourself to verify and respond to inquiries about your institution and to notify you about the status of your workshop registration. From time to time we may also send you additional information about proposals, changes to NACCAS Standards, Rules, or By-Laws. We may disclose personal information in response to legal process (e.g. in response to a court order or subpoena). We may also disclose such information in response to a law enforcement agency's requests. We will not sell or transfer personally identifiable information provided to us to parties outside our organization except as described below.

### **Collection of Information by Third Party Entities**

Other industry organizations and providers of industry products and services whose information practices may be different than ours may want to obtain your personal information to contact you.

**Special Note** If you do not want your information shared with third party entities check the box below:

Do not share my personal information with third party entities.

Name of School:

Email:

Print your name: