



Association of
Private Colleges

Excellence. Access. Affordability.

APC Innovation Summit

The Sagamore Resort
Bolton Landing, NY

June 27 - 29, 2023

Registration Form

College: _____

Attendees:

Name: _____ Title: _____

Telephone: _____ Email: _____

Full Conference Registration _____ One Day Registration ___ Tues ___ Wed ___

Dietary Restrictions: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Full Conference Registration _____ One Day Registration ___ Tues ___ Wed ___

Dietary Restrictions: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Full Conference Registration _____ One Day Registration ___ Tues ___ Wed ___

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Telephone: _____ Email: _____

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Dietary Restrictions: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Full Conference Registration _____ One Day Registration ___ Tues _____ Wed _____

Dietary Restrictions: _____

Additional registrations may be listed on a separate sheet attached to this form. Please be sure to list title, phone number, email address, registration type and dietary restrictions for each registrant.

Registration Fee:

Total number attending full conference: _____ X \$200 = \$ _____

Total number attending one-day only: _____ X \$100 = \$ _____

Total enclosed: \$ _____

Please make your check payable to "Association of Private Colleges" and mail to:

Donna Stelling Gurnett, President
Association of Private Colleges
121 State Street
Albany, NY 12207