**NCCWSL 2020 Registration Questions**

**First Name:\***

**Last Name:\***

**College/University:\***

**Address 1:**

**Address 2:**

**City:\***

**State/Province/District:\***

**Daytime Phone:**

**Primary Email:\***

**Alternate Email:**

**Group Coordinator Name (if applicable):**

**AAUW Student Affiliate or Member # (if applicable):**

**Emergency Contact Name/Relationship:\***

**Emergency Contact Phone:\***

**Dietary Restrictions:\***

* I have no dietary restrictions
* Vegetarian
* Vegan
* Gluten Free
* Allergic to Peanuts
* Lactose Intolerant
* Fasting during part or all of the conference
* Other (If other, please specify):

**Special Needs or Requests\*:** NCCWSL and the University of Maryland are committed to providing an open and accessible conference environment for all attendees. It is imperative you note any special needs so we can be prepared prior to your arrival. We will contact you to follow up on your specific requests as the conference dates approach. Note: If you are a group coordinator, please confirm with your group member(s) that this information is correct.

* I have no special needs or requests
* Mobility impairment
* Hearing impairment
* Vision impairment
* Sleep Disorder
* Other (If you require other special (non-dietary) needs please describe how best we can accommodate.):

**Please select the categorization that most accurately applies to you at the time of the conference:\***

* Undergraduate: Rising Sophomore
* Undergraduate: Rising Junior
* Undergraduate: Rising Senior
* Undergraduate: Fifth year student or above
* Undergraduate: Non-matriculated
* Undergraduate: Other
* Graduate: Professional school
* Graduate: Non-professional Master’s program
* Graduate: Ph.D or Ed.D
* Campus Professional: Faculty
* Campus Professional: Student Affairs
* Campus Professional: Academic Affairs
* Campus Professional: Other

**Are you an international student?:\***

**Anticipated Graduation Date:**

**Semester:\***

**Year:\***

**Have you attended NCCWSL before?:\***

**Please choose one statement:\***

* NCCWSL may share my information with like-minded organizations and sponsors.
* NCCWSL may not share my information with like-minded organizations and sponsors.

STUDENTS: You will be housed in a double occupancy dorm room. We will do our best to match roommates. You and your roommate must both request each other as roommates. If your requests do not match or if you do not make a request, you will be randomly paired with a roommate. A limited number of singles, triples, and quads are available. Be sure you all request each other.

CAMPUS PROFESSIONALS: We welcome campus professionals who are interested to stay on campus in the UMD dormitories. We have a limited number of single occupancy rooms. In case there are no single rooms available, please list the name of your preferred roommate. We will not room campus professionals with students, but campus professionals will share multiple-occupancy bathrooms with both students and other campus professionals.

**Would you like to request a single occupancy room?:\***

* Yes
* No

**Roommate Name:**

**Roommate's College/University:**

GENDER INCLUSIVE HOUSING: This is a housing option in which two or more attendees may share a multiple-occupancy bedroom, in mutual agreement, regardless of the students' gender identity. Attendees who select this option will also be provided with gender neutral bathrooms.

**Bedroom/Bathroom Preferences:\***

* I identify as a woman and am comfortable sharing a bedroom/bathroom with other women.
* I identify as a man and am comfortable sharing a bedroom/bathroom with other men.
* I am comfortable living in gender inclusive bedroom/bathroom arrangements.

**Pronouns:**

* she/her/hers
* he/him/his
* they/them/their
* other (If you selected other pronouns, please specify):

**Who is funding your NCCWSL registration?\***

* My College/University
* AAUW branch
* NCCWSL Full Scholarship
* NCCWSL Partial Scholarship
* Parent or Legal Guardian
* Myself
* Other (If other, please specify):