



## ICESA Campus Consortium Inaugural Conference on Campus Sexual Violence Prevention and Response

### Registration Information

The [ICESA Campus Consortium](#) is pleased to announce its inaugural conference, September 6 – 7, 2017, held at the [Renaissance Indianapolis North Hotel](#). This conference is open to all campus professionals, researchers, graduate students, undergraduate students, and colleagues from non-campus agencies like hospitals, rape crisis centers, advocacy centers, and law enforcement. The purpose of this conference is to provide high-quality trainings and networking opportunities for professionals and students from a wide range of schools and communities.

Visit our [conference website](#) for more information. [Click here to register for the conference.](#)

### Discounted Student Registration Fees

We have created a special, low-priced registration fee for students. A student is defined as someone who is enrolled at a post-secondary institution on at least a part-time basis (6 credit hours), and who can provide a valid copy of their student photo ID. Students are required to use their university email addresses when registering *and* they must mail or email copies of their valid student photo IDs by August 20<sup>th</sup>, 11:59 pm to [campusconsortiumconference@gmail.com](mailto:campusconsortiumconference@gmail.com). Students who do not use their university email addresses AND submit a copy of their ID by the deadline will be charged the full “professional” conference registration fee.

There is a limit of 50 students for the “early student registration” fee. After 50 students have registered, the student registration fee will increase to the “regular student registration” fee. In other words: students, register FAST so that you get the best deal!

### Credit Card Surcharge:

Eventbrite, the website we are using, charges a percent of your registration fee. We apologize for this inconvenience! If you want to avoid the surcharge, you can mail in your registration and send a check or provide credit card information on the form. In order to receive the Early Registration price, your registration form must be postmarked by July 16<sup>th</sup>. In order to receive the Regular Registration price, your registration form must be postmarked by August 20<sup>th</sup>.

### Refund Deadline

We understand you may need to cancel your registration. All refund requests must be submitted through Eventbrite or via email to [campusconsortiumconference@gmail.com](mailto:campusconsortiumconference@gmail.com) by August 23<sup>rd</sup>, 11:59 pm. Your registration fee will be refunded in full, except for a \$10 processing fee.

### **Early Registration Fees and Deadline:**

Deadline: July 16<sup>th</sup>, 2017 (11:59 pm EST)

Registration Type	Fee Amount	Website Surcharge (if paying online)	Total Amount (if paying online)
Professional	\$125	\$7.87	\$132.87
Student	\$25	\$2.37	\$27.37

### **Regular Registration Fees and Deadline:**

Deadline: August 20<sup>th</sup>, 2017 (11:59 pm EST)

*Online registration will no longer be available after the August 20<sup>th</sup> deadline. If you miss the August 20<sup>th</sup> deadline, you will need to pay the on-site registration fee.*

Registration Type	Fee Amount	Website Surcharge (if paying online)	Total Amount (if paying online)
Professional	\$200	\$11.99	\$211.99
Student	\$75	\$5.12	\$80.12

### **On-Site Registration Fees:**

*On-site registration will cost you quite a bit more! Do yourself a favor and register early!*

Registration Type	Fee Amount
Professional	\$300
Student	\$150

### **What if I submitted a session proposal? Will I get free registration?**

Conference presenters will receive free registration (limit two free registrations per session, including panels). Presenters will receive a special discount code, via email. The conference planning committee is currently reviewing submitted proposals and will notify prospective presenters by early June. If you are a prospective presenter, you may simply want to wait to register until you know if your session was accepted.

### **Need more info or have questions?**

Contact us at [campusconsortiumconference@gmail.com](mailto:campusconsortiumconference@gmail.com) or visit the [conference website](#) for more information.

This conference is made possible in part by funding from grant number ASTWHI 60036-01-00 from the U.S. Department of Health and Human Services' Office on Women's Health, College Sexual Assault Policy and Prevention Initiative.

**ICESA Campus Consortium  
Inaugural Conference on  
Campus Sexual Violence Prevention and Response**

**Registration Form**

Please be sure to print clearly and fill out both pages of the form.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

School or Agency: \_\_\_\_\_

Meals: \_\_\_ Vegan \_\_\_ Vegetarian \_\_\_ Omnivore Food Allergies: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Responsibility (select only one):

\_\_\_ Counseling Center Staff Member or Administrator  
    \_\_\_ Campus \_\_\_ Community Agency

\_\_\_ Faculty Member

\_\_\_ Healthcare Provider or Administrator  
    \_\_\_ Campus \_\_\_ Community Agency

\_\_\_ Housing/Residence Life Staff Member or Administrator  
    \_\_\_ Student Employee (RA, etc.)

Law Enforcement  
    \_\_\_ Campus LE \_\_\_ City/State LE

Senior-Level Campus Administrator (Dean of Students; Vice Chancellor; etc.)

Student Affairs Staff Member (programming, etc.)

\_\_\_ Student  
    \_\_\_ Undergrad \_\_\_ Grad

Student Conduct or Title IX (Campus Investigator; Title IX Coordinator; etc.)

Victim Advocate  
    \_\_\_ Campus \_\_\_ Community Agency

\_\_\_ Other (please explain: \_\_\_\_\_)

## Payment Information

<i>Select only one Registration Type</i>	Registration Type	Postmark Deadline	Registration Fee
	Professional (Early)	July 16 <sup>th</sup>	\$125
	Student (Early)	July 16 <sup>th</sup>	\$25
	Professional (Regular)	August 20 <sup>th</sup>	\$200
	Student (Regular)	August 20 <sup>th</sup>	\$75

Make checks payable to "ICESA" and write "Campus Conference 2017" in the memo area.

Address correspondence to:

ICESA Campus Consortium Conference  
9245 N. Meridian Street, Suite 227  
Indianapolis, IN 46260

If paying by check:

Check Number: \_\_\_\_\_ Payment Amount: \$\_\_\_\_\_ Phone Number: \_\_\_\_\_

If paying by credit card:

Payment Amount: \$\_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

CVC Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email for Confirmation and Receipt: \_\_\_\_\_

Signature: \_\_\_\_\_



**Indiana Coalition to  
End Sexual Assault**  
Engage. Educate. Empower.