**Beta Beta Beta Biological Honor Society**

**2023 NE-4 District Convention**

**Chapter Registration Form**

**Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Chapter Advisor***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Number of People Attending Convention***

 **Presenters \_\_\_\_\_\_\_\_**

 **Faculty/Staff \_\_\_\_\_\_\_\_**

 **Non-Presenting Students \_\_\_\_\_\_\_\_**

 **Others \_\_\_\_\_\_\_\_**

***Registration Fees ($30 per person)***

**Amount Due $ \_\_\_\_\_\_\_\_**

 **Choose one:**

 **\_\_\_\_\_\_\_ Payment made through web registration by credit card**

 **\_\_\_\_\_\_\_ Payment will be sent separately by check**

***Information on Attendees***

|  |  |  |
| --- | --- | --- |
| **Name** | **Status (student, faculty/staff, other)** | **Presenting?**  |
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