



2026 NAADA ANNUAL CONFERENCE REGISTRATION FORM

June 15-18 | University of Tennessee-Knoxville | Crowne Plaza Downtown University | Knoxville, TN

Please print clearly. | You can also [REGISTER ONLINE](#).

Name: _____

Institution | Company: _____

Professional Title: _____

The following address is (check one): Home Business

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

NAADA Members: How many years have you been a member? _____ Number of years in the profession: _____

The primary advancement area I most closely associate with: Alumni Professional Annual Giving Development Professional
 Career Services|Industry Relations Communications Donor Relations|Stewardship Student Professional Volunteer
 Other _____

How many NAADA National Conferences have you attended: _____

NAADA Buddy Program (mentor for first-timers): I would like a NAADA Buddy I would like to be a NAADA Buddy

MEMBER REGISTRATION Type | Save \$100 with EARLY BIRD Registration!

Registration fees include breakfast (2), lunch (2), receptions (2), and dinner (3) which includes Spirit Night, Awards Dinner, and breaks.

- NAADA Member | Early Bird: **\$730 on or before May 4 | \$830 after**
- NAADA Volunteer Member | **\$700**
- NAADA Non-Member | Early Bird: **\$830 on or before May 4 | \$930 after**

SELECT TOURS



SUB-TOTAL

Pre-Conference Tour | Bush's Beans & Dollywood | IMAX of 50 | **\$75**

SELECT ONE EDUCATIONAL TOUR FOR WEDNESDAY

<input type="checkbox"/> Zoo Knoxville MAX of 40	NC
<input type="checkbox"/> FIFA World Cup 2026 Research Center & Neyland Stadium Tour	NC
<input type="checkbox"/> UT Little River Dairy Tour & UT Creamery Visit MAX of 30	NC
<input type="checkbox"/> UT Hopyard Research & Yee-Haw Brewing MAX of 30	NC
<input type="checkbox"/> Outdoor Recreation & Tennessee RiverLine Tour MAX of 14	NC

PAYMENT

Check enclosed (made payable to NAADA) PO Number (copy required) _____

Visa/MasterCard AmEx

If paying by credit card, all fields below are required.

Note: Full payment must accompany order to reserve your space.

TOTAL \$

Card Number: _____ Exp: _____ | _____ Security Code: _____

Date: _____ Name on Card (please print): _____

Cardholder Signature: _____ Cardholder Phone: _____

Billing Address: same as mailing address listed above

Billing Address | City | State | Zip: _____

I have read & agree to [NAADA's Privacy Policy](#)

[NAADA's Conference Registration Policy](#)

REGISTRATION INFORMATION

To receive a registration refund, less a \$50 processing fee, all cancellations must be received by May 16, 2026 at 11:59 p.m. U.S. Eastern Time.

No refunds will be granted thereafter.

No-shows will not be refunded.

Registrations can be transferred to another person within your organization with the same membership status by contacting memberservices@naada.org. Submit a written cancellation to John Augustyniak, NAADA Executive Director | john@naada.org

ADDITIONAL QUESTIONS

The dietary questions below are intended to identify medically related food allergies, food sensitivities, and recognized dietary requirements, as well as standard dietary or religious /ethical preferences. Due to logistical limitations, the conference is unable to accommodate personal non-medical preferences, including specific ingredients, seasonings, or condiments.

Dietary Preferences

Religious or Ethical Dietary Requirements:

- None Vegetarian Vegan Halal
- Pescatarian Kosher No Pork

Food Allergies | Severe Food Intolerances:

- None Peanuts Tree Nuts Fish
- Shellfish Dairy|Milk Eggs Soy
- Wheat Gluten (Celiac-Strict Avoidance)
- Gluten Intolerance (Non-Celiac) Sesame
- Other: _____

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

- None Audio Mobile Visual
- Other: _____

► Due to PCI Compliance, please do NOT provide any credit card information via email. Call or mail it in only.

Mail or call with payment to: NAADA Headquarters Office | 400 E Randolph St | Suite 3115 | Chicago, IL 60601 | (800) 303-6062