



presented by **MONDO**

OCTOBER 19-21 • TEMPE, ARIZONA

2016 NIRSA Recreation Facilities Institute

October 19-21, 2016 • Tempe, Arizona

Web: www.nirsa.org/facilities2016

Email: billing@nirsa.org

Fax: 541-766-8284

Mail with payment:

NIRSA Headquarters
4185 SW Research Way,
Corvallis, OR 97333-1067

Orders submitted by fax or mail will take 2-3 business days to process and will be handled on a first-come, first-served basis.

For More Information

Contact us: education@nirsa.org.

The term "member" refers to those with a current NIRSA membership both at the time of registration and throughout the event. If you are unsure about your individual membership status or your institution's membership status, please send an email to membership@nirsa.org.

* Associate contact rates are for attending only; exhibitor registration rates can be found on the exhibitor registration PDF.

About You

Last Name _____ First Name _____
as you would like it to appear on your badge

Title _____

Institution / Company _____

Business Mailing Address _____

City _____ State / Province _____ Zip _____

Day Phone _____ Fax Number _____

Email _____

It's okay to share my email address with Associate Members/Nonmembers who are also attending this event

Ability accommodation request.

A NIRSA representative will contact you regarding your request

Dietary Restrictions

If you choose any of the above options a NIRSA representative will contact you to follow up regarding your request.

Registration Options

Early Bird: on or before September 7, 2016
Regular: after September 7, 2016

Professional/ Student Member	from a Member Institution	● \$490	○ \$560
	from a Nonmember Institution	● \$540	○ \$610
Additional Member from Same Member Institution		● \$465	○ \$535
Nonmember	from a Member Institution	● \$625	○ \$695
	from a Nonmember Institution	● \$660	○ \$730
One-Day Registration (Professional/Student)			
○ Wednesday ○ Thursday ○ Friday		● \$250	○ \$300
Associate Contact (attending only*)		● \$550	○ \$620
Additional Associate Contact from same Member Company (attending only*)		● \$525	○ \$595
Nonmember (Associate Contact)		● \$700	○ \$770
One-Day Registration Associate Contact (attending only*)		● \$350	○ \$400
○ Wednesday ○ Thursday ○ Friday			



Policies & Information

PAYMENTS

Payment via check, money order, or credit card is acceptable. Checks and money orders must be payable to "NIRSA," and foreign checks must be imprinted "US Funds." You will be mailed a confirmation/receipt within 5 days of receipt of your registration at the NIRSA Headquarters. If you do not receive an email, contact the NIRSA Headquarters at 541-766-8211. An email address is required to receive a receipt/confirmation of registration.

REFUND POLICY FOR ALL CANCELLATIONS

Cancellation of registration for NIRSA educational events and refund requests must be made in writing (mail, fax, email) to: Cancellation, c/o Billing Coordinator, NIRSA, 4185 SW Research Way, Corvallis, OR 97333-1067; fax: 541-766-8284; email: billing@nirsa.org

Refund Requests are processed according to the following time restrictions:

- Refund requests received on or before **September 6, 2016** will receive a 100% refund.
- Cancellations received between **September 7, 2016 & October 5, 2016** will receive a 50% refund.
- Refunds cannot be guaranteed for cancellations received after **October 5, 2016** or for no-shows at the event.

Extenuating circumstances may warrant exceptions to the Refund Policy. For a review of a specific refund amount, please contact the Billing Coordinator: billing@nirsa.org.

NON-SMOKING POLICY

For the comfort and health of attendees, smoking is not permitted at any NIRSA function.

BEING RESPONSIBLE

Recognizing that many will take advantage of the opportunity for socializing and alcohol consumption, the Planning Committee actively encourage responsible decision-making and healthy choices. Supporting this policy, non-alcoholic beverages will be offered at all NIRSA-sponsored receptions. In accordance with state law, no alcohol will be served to anyone under age 21.

WHAT TO WEAR

Suggested conference attire is business casual.

PHOTOGRAPH & VIDEO CONTENT OWNERSHIP

NIRSA will use photographs and video taken during this event to promote the Association and future events. Your registration form provides NIRSA with the unrestricted right to use photographs and video at its discretion for the purpose outlined above.

Half-Day Facility Tours

*After October 5, 2016 space may be limited.

Register:

Day 1* 10/19/16 - Noon-6:30pm

Buses depart from the host hotel promptly at noon. Attendees will tour Sun Devil Fitness Complex – Downtown, Sun Devil Fitness Complex – Tempe, Ability 360 Sports and Fitness Center, Sun Devil Fitness Complex – Polytechnic. A box lunch will be provided prior to loading the buses.

Free

Day 2* 10/21/16 - 11:00am-4:15pm

Buses depart from the host hotel promptly at 11:00am. Attendees will tour University of Phoenix Stadium and Sun Devil Fitness Complex – West. A box lunch will be provided prior to loading the buses.

Free

Preconference Activity

Tuesday, October 18, 2016 |

*This activity has a maximum capacity

Early Bird:
on or before
September 7,
2016

Regular:
after
September 7,
2016

Precon Facility Tour to Tucson* - Noon-9:30pm

One day before the institute begins, a preconference facility tour will be hosted by NIRSA. This activity will involve a tour of University of Arizona (a LEED platinum facility) and the Kino Sports Complex, in addition to the tours there will be a session presented at University of Arizona on the theme topic of sustainability. Tour departs from the host hotel, Embassy Suites Phoenix-Tempe. Lunch is on your own, dinner will be included.

Member

\$40

\$45

Nonmember

\$45

\$50

Payment

TOTAL _____ Balance must be paid in full before registration can be processed.

Visa MasterCard Discover American Express PO/Check# _____

Credit Card # _____ Expiration Date _____

Signature _____

I would like to use a second card for a portion of the total. Total to be charged to this card: \$ _____

Visa MasterCard Discover American Express

Credit Card # _____ Expiration Date _____

Signature _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the NIRSA Recreation Facilities Institute presented by Mondo and associated events, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue, NIRSA, NIRSA Services Corporation, NIRSA Foundation, or their officers, employees, and agents from liability (collectively "NIRSA") from any and all claims including the negligence of NIRSA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. I further agree to waive the protection afforded by any statute or law in any jurisdiction (e.g. Calif. Civil Code §1542) whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to (1) minor injuries such as scratches, bruises, and sprains to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death. (4) The unavailability of emergency medical care; and (5) the negligent or deliberate act of another person;

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks, and also assume the risk of the unavailability of emergency medical care or the negligent or deliberate act of another person.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD NIRSA HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred, and including damages which are caused by the negligence of third parties).

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: *I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.*

Print Name _____ Date _____

Signature of Participant _____

In Case of emergency please contact:

Name _____ Phone _____