**Due Date: February 6, 2023**

****

**Nebraska DECA**

**State Career Development Conference**

**Registration Summary/Invoice**

| **Chapter Name:** |  |
| --- | --- |
| **\*Do you need a room for a pre-conference Chapter meeting on Thursday? (Yes/No)** |  |
|  |
| **Registration** | **#** | **Cost** | **Total** |
| Students |  | X $75.00 | $ |
| Advisors (1:16) |  | X $75.00 | $ |
| Chaperones (1:16) |  | X $75.00 | $ |
| **Subtotal:** | **$** | 03-4580 |
|  |
|  |  |  |  |  |
|  |
| **Chapter Scholarship Donation Total:** |  | **$** | 03-4100 |
|  |
| **Total Amount Due:** |  | **$** |

**Mail invoice with payment by February 6, 2023 to:**

Nebraska DECA SCDC

Grafton and Associates

5935 S. 56th Street, Suite A

Lincoln, NE 68516

**AND**

Email a copy to maggie.schneider@nebraska.gov

Make checks payable to: NEBRASKA DECA

\*\*Hotel Rooming lists and payment must be made payable to The Lincoln Marriott Cornhusker Hotel and mailed with the housing forms directly to The Cornhusker. Do not mail housing forms or payments to Grafton and Associates or Nebraska DECA!

NOTE: Refund checks will be mailed following the conference only to schools who submit cancellation forms by March 8.

**Form Due: February 6, 2023**

****

**Nebraska DECA**

**State Career Development Conference**

**Hotel Summary/Invoice**

| **Chapter Name** |  | **Advisor Name** |  |
| --- | --- | --- | --- |
| **Address** |  |
| **City, ST Zip** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Tax Exempt #** |  |
|  |
| *\*\*All housing rates are calculated per person/per night. Embassy Suites will cost $10-19 more per room per night.* |
| **# of People**(Not # of rooms!) | **Room Type** | **# of Nights** | **Cost**per person/per night | **Total** |
|  | Single |  | $119.00 | $ |
|  | Double |  | $ 59.50 | $ |
|  | Triple |  | $ 39.67 | $ |
|  | Quad |  | $ 29.75 | $ |
|  |
| **Total People** |  |  | $ |
|  |
| **Total Housing Payment Due** | **$** | **03-4390** |

 \*\*You MUST provide the hotel with your tax exempt form; otherwise you will be charged an additional 16.48% tax.

Please use the rooming list template provided to submit your room assignments to The Lincoln Marriott Cornhusker Hotel.

**E-MAIL the rooming list *directly* to:**

hlong@thecornhusker.com

The Lincoln Marriott Cornhusker Hotel

Attention: Heather Long, DECA Lodging Reservations

333 South 13th Street

Lincoln, NE 68508

**Invoice and payment due by March 2 and mailed directly to The Lincoln Marriott Cornhusker Hotel.**

**DUE FEBRUARY 6, 2023**

| **Hotel Name: The Lincoln Marriott Cornhusker Hotel** |
| --- |
| **School:** |   | **State** | **NE** |
| **DECA Advisor:** |  |
| **Arrival Date:** |  | **Arrival Time:** |  |
| **Departure Date:** |  | **Departure Time:** |  |
| **Please bring a duplicate form to conference** |
| **To Use the Housing Form:*** Type information in the appropriate boxes.

**To Add Additional Pages to the Housing Form:*** Choose Edit and Select All
* Choose Edit and Copy
* Place cursor in the last Type of Room block
* Choose Paste

Continue to paste until you have enough pages to complete your housing. | **Please use** * A = Advisor
* C = Chaperone
* S - Student

**Please list all adults first, by room; then students.*** M = Male
* F = Female
 | **Single** **Double****Triple****Quad** |
| **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**DUE FEBRUARY 14, 2022**

| **Hotel Name: The Lincoln Marriott Cornhusker Hotel** |
| --- |
| **School:** |   | **State** | **NE** |
| **DECA Advisor:** |  |
| **Arrival Date:** |  | **Arrival Time:** |  |
| **Departure Date:** |  | **Departure Time:** |  |
| **Please bring a duplicate form to conference** |
| **To Use the Housing Form:*** Type information in the appropriate boxes.

**To Add Additional Pages to the Housing Form:*** Choose Edit and Select All
* Choose Edit and Copy
* Place cursor in the last Type of Room block
* Choose Paste

Continue to paste until you have enough pages to complete your housing. | **Please use** * A = Advisor
* C = Chaperone
* S - Student

**Please list all adults first, by room; then students.*** M = Male
* F = Female
 | **Single** **Double****Triple****Quad** |
| **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**DUE FEBRUARY 14, 2022**

| **Hotel Name: The Lincoln Marriott Cornhusker Hotel** |
| --- |
| **School:** |   | **State** | **NE** |
| **DECA Advisor:** |  |
| **Arrival Date:** |  | **Arrival Time:** |  |
| **Departure Date:** |  | **Departure Time:** |  |
| **Please bring a duplicate form to conference** |
| **To Use the Housing Form:*** Type information in the appropriate boxes.

**To Add Additional Pages to the Housing Form:*** Choose Edit and Select All
* Choose Edit and Copy
* Place cursor in the last Type of Room block
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Continue to paste until you have enough pages to complete your housing. | **Please use** * A = Advisor
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**Please list all adults first, by room; then students.*** M = Male
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 | **Single** **Double****Triple****Quad** |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  | **Name (Last Name, First)** | **A/C/S** | **M/F** | **Type of Room** |
|  | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

****

**Proctor Registration Form**

**State Career Development Conference Online Exams**

**Instructions:**

1. Prior to selecting a proctor(s) for your exams, please read carefully the section titled Policies and Procedures for the Proctoring SCDC Online Exams.
2. For extended testing periods or other special circumstances, you may use one or more assistant proctors. Assistant proctors must meet the same criteria as the lead proctor. Only the lead proctor is required to register in advance.
3. **Complete and send this form no later than Monday, February 6, 2023 via scanned email to** **maggie.schneider@nebraska.gov**You will then be sent instructions for test proctoring.

**(PRINT) Name of Test Proctor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Legal Last Name Legal First Name M.I.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title DECA Contact Name (Chapter Advisor)

(\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Telephone Number Complete E-Mail Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation or nature of relationship of proctor to exam site and testing

**(PRINT) Testing Site:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Institution City State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Testing Date(s) and Time(s)

**With my signature below, I certify that I will serve as the test proctor for Nebraska DECA State Career Development Conference online exams, that I meet and will abide by all criteria set forth in the NE DECA Policies and Procedures for Proctoring, and that I agree to supervise testing on date(s) determined by the DECA Advisor.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_/\_\_\_/\_\_\_\_\_\_**

Signature of Test Proctor Date

**Nebraska DECA**

**Chapter Permission Form**

Nebraska DECA requires each chapter attending any state organization approved conference, meeting or activity to read and complete this form as partial completion of attendance requirements.

**CONDUCT**

1. The term "delegate" shall mean any DECA member, student, or guest participating in an activity.
2. Appropriate dress of businesslike attire will be expected.
3. There shall be no defacing of property. Any damages to any property or furnishing in hotel rooms, meeting rooms or conference locations must be paid by the individual responsible and may subject the individual to criminal prosecution.
4. Delegates shall keep their advisors/sponsors informed of their activities and whereabouts at all times.
5. Delegates shall be prompt and prepared for all activities.
6. Delegates shall be financially prepared for all possibilities.
7. Delegates must be in their sleeping rooms and quiet at curfew. Curfew will be enforced by local advisors/ sponsors and security personnel (if applicable).
8. No alcoholic beverages or illegal narcotics of any form shall be possessed at any time, under any circumstances, while representing the local school and career and technical student organization. Use or possession of such substances may subject the individual to criminal prosecution.
9. No use of tobacco products will be permitted while a delegate is representing his/her local school and DECA.
10. Gambling of any kind is prohibited.
11. Delegates are required to attend all sessions and activities assigned, including workshops, competitive events, committee meetings, delegate assemblies, etc., for which they are registered.
12. Identification badges will be worn at all times while participating in any state approved conference, meeting or activity.
13. Conduct not conducive to an educational conference is prohibited. Such conduct includes actions disrupting a businesslike atmosphere, association with non-conference individuals or activities that endanger self/others.

**PROCEDURES**

1. Chapter advisors/sponsors will be responsible for supervision of delegates' conduct.
2. Delegates violating the conduct code may be subject to a meeting with the local advisor and state advisor.
3. Delegates violating the conduct code may be sent home at their own expense after consultation with the local advisor/sponsor, parents/guardians, and local school administration.
4. Delegates violating the conduct code may be disqualified from competition.
5. Violations of the conduct code will be reported to the local school administration and the parents/guardians by the local and/or state advisor.

I understand that \_\_\_\_\_ students from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be attending a Nebraska DECA approved activity. This activity is the Nebraska DECA State Career Development Conference in Lincoln, Nebraska.

I further understand that this activity is designed as an educational experience. Student actions interfering with the educational value of the activity will be dealt with by both the local school advisor and the local school administration and may include consultation with the state association advisor. School officials will be notified, in writing, of conduct code violations by state/local advisor.

Other sponsors who will be attending the conference and who have been charged with responsibility for

School's students are:

I have read the above conduct code and procedures, agree with the statements and will support discipline measures involving our local chapter if any students from our school are in violation of the Conduct Code. I further assure that Conduct & Procedures forms for all participants will be collected, verified and brought to the conference.

| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- |
| **Chapter Advisor Signature** | **Administrator Signature** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Work Phone** | **Home Phone** | **Work Phone** | **Home Phone** |

**Return to Local Advisor**

**Do Not Send to Nebraska DECA**

**Nebraska DECA**

## **Conduct/Procedures Code**

Nebraska DECA requires that each delegate attending any state organization approved conference, meeting or activity to read and complete this form and return to the state office as partial completion of attendance requirements.

**CONDUCT**

1. The term "delegate" shall mean any DECA member, student, or guest participating in an activity.
2. Appropriate dress of businesslike attire will be expected.
3. There shall be no defacing of property. Any damages to any property or furnishing in hotel rooms, meeting rooms or conference locations must be paid by the individual responsible and may subject the individual to criminal prosecution.
4. Delegates shall keep their advisor/sponsors informed of their official activities and whereabouts at all times.
5. Delegates shall be prompt and prepared for all activities.
6. Delegates shall be financially prepared for all possibilities.
7. Delegates must be in their sleeping rooms and quiet at curfew. Curfew will be enforced by local advisor/ sponsors and security personnel (if applicable).
8. No alcoholic beverages or narcotics in any form shall be possessed at any time, under any circumstances while representing the local school and career and technical student organization. Possession of such substances may subject the individual to criminal prosecution.
9. No use of tobacco products will be permitted while a delegate is representing his/her local school and career and technical student organization.
10. Gambling of any kind is prohibited.
11. Delegates are required to attend all sessions and activities assigned, including workshops, competitive events, committee meetings, delegate assemblies, etc. for which they are registered.
12. Identification badges will be worn at all times while participating in any state approved conference, meeting or activity.
13. Conduct not conducive to an educational conference will not be allowed. Such conduct includes action disrupting a businesslike atmosphere, association with non-conference individuals or activities that endanger self/others.
14. Failure to keep stereos, televisions, and other audio equipment at a reasonable sound level will result in confiscation of the equipment or removal from the conference.
15. Possession or use of a weapon is prohibited.

**PROCEDURES**

1. Chapter advisors/sponsors will be responsible for supervision of delegates' conduct.
2. Delegates violating the conduct code may be subject to a meeting with the local advisor and state advisor.
3. Delegates violating the conduct code may be sent home at their own expense after consultation with the local advisor/sponsor, parents/guardians, and local school administration.
4. Delegates violating the conduct code may be disqualified from competition.
5. Violations of the conduct code will be reported to the local school administration and the parents/guardians by the local and/or state advisor.

| "I have read and fully understand the Nebraska DECA Delegate Conduct/Procedures Code and agree to comply with these conduct guidelines. Furthermore, I am aware of the consequences that will result from violation of any of the above guidelines." |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | Delegate Signature |

We approve the student named above to attend the Nebraska DECA activity. We agree to the provisions as stipulated in the Conduct/Procedures Code.

| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- |
| **Parent/Guardian Signature** | **Chapter Advisor Signature** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Work Phone** | **Home Phone** | **Work Phone** | **Home Phone** |

**(Optional - Retained by local advisor)**

**Nebraska DECA**

**Medical Release Form**

I, of

 Parent/Guardian Name Address

 am the of

 City State Zip relationship member's name

 .

 City State Zip

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is absent from home from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Member's Date of Birth Social Security #

Parent/Guardian Work Home

Phone Number(s)

 Work Home

Family Physician: Family Dentist:

Address: Address:

 City State Zip City State Zip

Phone: Phone:

 Work Home Work Home

Medical Insurance Company: Policy #:

 If none, indicate NONE

Name of Insured:

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies:

Medication being taken:

Date of last tetanus shot:

Physical impairments:

Other pertinent facts to which physician should be alerted:

If Parent/Guardian cannot be reached in case of emergency, call:

First Choice Name Area Code/Phone

Second Choice Name Area Code/Phone

In a medical emergency, I consent to the local/state advisor or appointed agent, his, her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Association of DECA, the individual members, agents, employees, and representatives thereof, for any and all claims, demands, actions, rights of action, and or judgments by or on behalf of the above named member arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold the Nebraska Association of DECA responsible in the event of a medical emergency.

 Signed in my presence this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

 Notary Signature Parent/Guardian