

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086848

Vendor Name: NAFSA Membership

Invoice Number: BROWN

Invoice Date: 09/20/18

PO Number:

Check Number: 0241683

Check Amount: \$ 1,000.00

Check Date: 10/17/2018

Department ID: 00401

Reviewer Name:

Voucher Number: V0528426

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: Accounts Payable
Sent: Thursday, September 20, 2018 10:50 AM
To: Brown, Kelsey
Subject: Voucher Confirmation: V0528426

WARNINGS

END of WARNINGS

Voucher Date 09/20/18
Due Date 09/20/18
Vendor ID and/or Name 1086848 NAFSA Membership
AP Type IM Invoices < \$15,000
Voucher Total \$250.00

| | |
|------------------|-----------------------|
| Item Description | NAFSA Membership Dues |
| Quantity | 1.000 |
| Price | \$250.0000 |
| Extended Price | \$250.00 |
| GL Distribution | 01-10-00401-5406002 |

For New NAFSA Membership, Kelsey Brown

DATE _____

Samarie McClain

9/26/18

NEXT APPROVALS

AP VERIFIED

10/10/18 - BETHANY CR

SPECIAL REGIONAL CONFERENCE MEMBERSHIP OFFER

APPLICATION 2018-2019

This Special Membership Rate of \$230 (50% off annual dues) is valid only for NEW individual members joining through attendance at a NAFSA Regional Conference and does not apply to Retired, Student, or Community Volunteer memberships. Offer good through December 31, 2018.



1 Annual Membership Type

Please check ONE

Individual Member \$459-\$230

(For individual membership please identify your workplace)

- ☒ An Academic Institution
- ☐ An International Education Organization
- ☐ Other: _____
- ☐ Retired Member \$153*
- ☐ Student Member \$153*
- ☐ Community Volunteer \$153*

*Verification of status required. To apply for this membership type, please contact membership@nafsa.org.

2 Primary interest:

Check ONLY one

- ☐ Education Abroad
- ☐ International Education Leadership
- ☐ International Enrollment Management
- ☒ International Student and Scholar Services
- ☐ Teaching, Learning, and Scholarship

3 Scope of responsibility:

Check ONE that applies

- ☐ I lead the entire organization or institution
- ☐ I lead two or more departments or divisions
- ☐ I lead one department or division
- ☐ I am a one-person office
- ☒ I do not currently lead a department or division

4 Number of people I directly supervise

5 Professional position most closely resembles current responsibilities:

Check ONE that applies

- ☒ Administrative Professional
- ☐ CEO
- ☐ Chancellor
- ☐ Consultant
- ☐ Dean
- ☐ Associate Dean
- ☐ Executive Director
- ☐ President
- ☐ Vice President
- ☐ Principal
- ☐ Provost
- ☐ Associate Provost
- ☐ Rector
- ☐ Retiree
- ☐ Student
- ☐ Service Provider
- ☐ Student Adviser
- ☐ Other: _____

6 I am a senior international officer

- ☐ Yes
- ☒ No

7 Professional focus

Check ONE that applies

- ☒ **Direct Service:** Provide service directly to students and scholars
- ☐ **Management:** Oversee the operation of a unit related to international education
- ☐ **Strategy/Policy:** Establish, update, and approve the policies and strategy for achieving the goals and mission of international education within an institution
- ☐ **Academic:** Teaching and learning; curriculum development
- ☐ Other

Fax (credit card payments only) or mail completed form with appropriate payment to: NAFSA Membership Department, PO Box 79159, Baltimore, MD 21279-0159 ■ Fax 1.202.737.3657

For credit card security, NAFSA highly recommends you do not send forms with credit card information via e-mail.

MEMBERSHIP TERM ENDS JUNE 30, 2019

Please type or clearly print your information below.

Kelsey Brown

NAME _____

Administrative Assistant

TITLE/OFFICE _____

College of DuPage

INSTITUTION/AGENCY/ORGANIZATION _____

425 Fawell Blvd.

MAILING ADDRESS _____

MAILING ADDRESS _____

Glen Ellyn, IL 60137 USA

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

630 942 3328

TELEPHONE _____ FAX _____

brownk346@cod.edu

EMAIL _____

Dues Payment:

Please return application with the appropriate payment. Purchase orders are not accepted.

| | | |
|------------------------|-----------|---------------|
| Membership Dues | \$ | 230.00 |
| Airmail Fee: \$70* | \$ | |
| Initial Processing Fee | \$ | 20.00 |
| TOTAL | \$ | 250.00 |

*Charged to members based outside the U.S., Mexico, or Canada without APO/AFO address

Method of Payment

☒ Check enclosed payable to NAFSA. Check # _____
(Checks must be in U.S. dollars drawn on a U.S. bank)

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

CARD ACCOUNT # _____ SECURITY CODE _____ EXPIRATION DATE _____

CARDHOLDER NAME, PRINTED _____

SIGNATURE _____

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NAFSA invites the membership of individuals who do not practice discrimination on the basis of race, religion, political persuasion, national origin, immigration status, ethnicity, disability, gender, age, marital status, sexual identity, or sexual orientation. Application for membership signifies acceptance of the NAFSA Statement of Ethical Principles. The NAFSA Statement of Ethical Principles may be viewed at www.nafsa.org/ethics.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086848

Vendor Name: NAFSA Membership

Invoice Number: CHEPYATOR

Invoice Date: 09/20/18

PO Number:

Check Number: 0241683

Check Amount: \$ 1,000.00

Check Date: 10/17/2018

Department ID: 00401

Reviewer Name:

Voucher Number: V0528503

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Nagle, Lynda

From: Accounts Payable
Sent: Thursday, September 20, 2018 3:33 PM
To: Brown, Kelsey
Subject: Voucher Confirmation: V0528503

----- WARNINGS -----

The invoice number has already been entered on a voucher for this vendor

----- END of WARNINGS -----

Voucher Number V0528503
Voucher Status In Progress (Unfinished)

Requestor Name Kelsey L. Brown

Voucher Date 09/20/18
Due Date 09/20/18
Vendor ID and/or Name 1086848 NAFSA Membership
AP Type IM Invoices < \$15,000
Voucher Total \$250.00

AP VERIFIED
10/10/18 - BETHANY CRUS

ITEM 1

Item Description NAFSA Membership
Quantity 1.000
Price \$250.0000
Extended Price \$250.00
GL Distribution 01-10-00401-5406002

COMMENTS

New NAFSA Membership for Kayla Chepyator

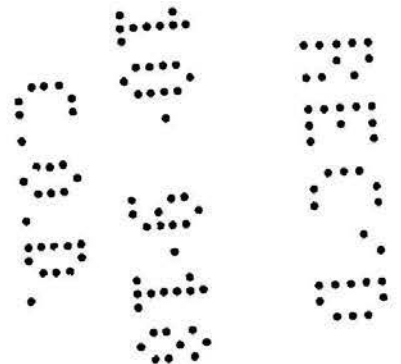
APPROVAL

DATE

Samara McClain

9/26/18

NEXT APPROVALS



SPECIAL REGIONAL CONFERENCE MEMBERSHIP OFFER

APPLICATION 2018-2019

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1 Annual Membership Type

Please check ONE

Individual Member \$459-\$230

(For individual membership please identify your workplace)

- ☒ An Academic Institution
- ☐ An International Education Organization
- ☐ Other: _____
- ☐ Retired Member \$153*
- ☐ Student Member \$153*
- ☐ Community Volunteer \$153*

*Verification of status required. To apply for this membership type, please contact membership@nafsa.org.

2 Primary interest:

Check ONLY one

- ☐ Education Abroad
- ☐ International Education Leadership
- ☐ International Enrollment Management
- ☒ International Student and Scholar Services
- ☐ Teaching, Learning, and Scholarship

3 Scope of responsibility:

Check ONE that applies

- ☐ I lead the entire organization or institution
- ☐ I lead two or more departments or divisions
- ☒ I lead one department or division
- ☐ I am a one-person office
- ☐ I do not currently lead a department or division

4 Number of people I directly supervise

1

5 Professional position most closely resembles current responsibilities:

Check ONE that applies

- ☒ Administrative Professional
- ☐ CEO
- ☐ Chancellor
- ☐ Consultant
- ☐ Dean
- ☐ Associate Dean
- ☐ Executive Director
- ☐ President
- ☐ Vice President
- ☐ Principal
- ☐ Provost
- ☐ Associate Provost
- ☐ Rector
- ☐ Retiree
- ☐ Student
- ☐ Service Provider
- ☐ Student Adviser
- ☐ Other: _____

6 I am a senior international officer

- ☐ Yes
- ☒ No

7 Professional focus

Check ONE that applies

- ☒ **Direct Service:** Provide service directly to students and scholars
- ☐ **Management:** Oversee the operation of a unit related to international education
- ☐ **Strategy/Policy:** Establish, update, and approve the policies and strategy for achieving the goals and mission of international education within an institution
- ☐ **Academic:** Teaching and learning; curriculum development
- ☐ Other

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MEMBERSHIP TERM ENDS JUNE 30, 2019

Please type or clearly print your information below.

Kayla Chepyator

NAME

Program Coordinator, Community College Initiative Program

TITLE/OFFICE

College of DuPage

INSTITUTION/AGENCY/ORGANIZATION

425 Fawell Blvd.

MAILING ADDRESS

MAILING ADDRESS

Glen Ellyn

IL

60137

USA

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

630 942 2564

TELEPHONE

FAX

chepyat@cod.edu

EMAIL

Dues Payment:

Please return application with the appropriate payment. Purchase orders are not accepted.

Membership Dues \$ 230.00

Airmail Fee: \$70* \$

Initial Processing Fee \$ 20.00

TOTAL \$ 250.00

*Charged to members based outside the U.S., Mexico, or Canada without APO/AFO address

Method of Payment

- ☒ Check enclosed payable to **NAFSA**. Check # _____
(Checks must be in U.S. dollars drawn on a U.S. bank)

- ☐ MasterCard
- ☐ Visa
- ☐ American Express
- ☐ Discover

CARD ACCOUNT #

SECURITY CODE

EXPIRATION DATE

CARDHOLDER NAME, PRINTED

SIGNATURE

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Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086848

Vendor Name: NAFSA Membership

Invoice Number: RGN18TM

Invoice Date: 09/26/18

PO Number:

Check Number: 0241683

Check Amount: \$ 1,000.00

Check Date: 10/17/2018

Department ID: 00445

Reviewer Name:

Voucher Number: V0529159

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Nagle, Lynda

From: acctpay@cod.edu
Sent: Wednesday, September 26, 2018 2:54 PM
To: Nagle, Lynda
Subject: Voucher Confirmation: V0529159

Voucher Number V0529159
Voucher Status In Progress (Unfinished)

Requestor Name Ms Lynda G. Nagle

Voucher Date 09/26/18

Due Date 09/26/18

Vendor ID and/or Name 1086848 NAFSA Membership

AP Type IM Invoices < \$15,000

Voucher Total \$250.00

AP VERIFIED

09/28/18 - BETHANY CRUSE

ITEM 1

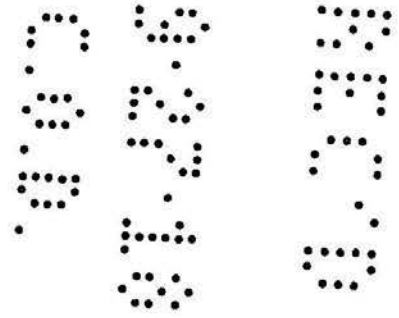
Item Description NAFSA membership for Tamara McClain

Quantity 1.000

Price \$250.0000

Extended Price \$250.00

GL Distribution 01-30-00445-5406002



COMMENTS

NAFSA membership for Tamara McClain 2018-2019

APPROVAL

DATE

[Signature]
NEXT APPROVALS

[Signature]

NAFSA MEMBERSHIP APPLICATION

Join NAFSA today to begin exchanging ideas with international educators from around the world, access professional development programs to help advance your career and help shape public policy on international education and exchange. Complete the application below or join online at www.nafsa.org/membership.



1 Annual Membership Type

Please check ONE

Individual Member..... CODE RGN18 \$459

(For individual membership please identify your workplace)

- ☐ An Academic Institution
- ☐ An International Education Organization
- ☐ Other: _____
- ☐ Retired Member..... \$153*
- ☐ Student Member..... \$153*
- ☐ Community Volunteer..... \$153*

*Verification of status required. To apply for this membership type, please contact membership@nafsa.org.

2 Primary interest:

Check ONLY one

- ☐ Education Abroad
- ☐ International Education Leadership
- ☒ International Enrollment Management
- ☐ International Student and Scholar Services
- ☐ Teaching, Learning, and Scholarship

3 Scope of responsibility:

Check ONE that applies

- ☐ I lead the entire organization or institution
- ☒ I lead two or more departments or divisions
- ☐ I lead one department or division
- ☐ I am a one-person office
- ☐ I do not currently lead a department or division

4 Number of people I directly supervise

+20

5 Professional position most closely resembles current responsibilities:

Check ONE that applies

- ☐ Administrative Professional
- ☐ CEO
- ☐ Chancellor
- ☐ Consultant
- ☐ Dean
- ☐ Associate Dean
- ☐ Executive Director
- ☐ President
- ☐ Vice President
- ☐ Principal
- ☐ Provost
- ☐ Associate Provost
- ☐ Rector
- ☐ Retiree
- ☐ Student
- ☐ Service Provider
- ☐ Student Adviser
- ☒ Other, Manager,

6 I am a senior international officer

- ☐ Yes
- ☒ No

7 Professional focus

Check ONE that applies

- ☐ **Direct Service:** Provide service directly to students and scholars
- ☐ **Management:** Oversee the operation of a unit related to international education
- ☒ **Strategy/Policy:** Establish, update, and approve the policies and strategy for achieving the goals and mission of international education within an institution
- ☐ **Academic:** Teaching and learning; Curriculum Development
- ☐ Other: _____

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MEMBERSHIP TERM ENDS JUNE 30, 2019

Please type or clearly print your information below.

Tamara McClain

NAME

Manager, Office of Admissions and Outreach

TITLE/OFFICE

College of DuPage

INSTITUTION/AGENCY/ORGANIZATION

425 Fawell Blvd.

MAILING ADDRESS

MAILING ADDRESS

Glen Ellyn, IL 60137 USA

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

630 942 2442

TELEPHONE

FAX

mcclaint57@cod.edu

EMAIL

Dues Payment:

Dues are billed annually in July. Please return application with the appropriate payment. Purchase orders are not accepted.

| | | |
|------------------------|-----------|---------------|
| Membership Dues | \$ | 230.00 |
| Airmail Fee: \$70* | \$ | RGN18 code |
| Initial Processing Fee | \$ | \$20.00 |
| TOTAL | \$ | 250.00 |

*Charged to members based outside the U.S., Mexico, or Canada without APO/AFO address

Method of Payment

☒ Check enclosed payable to **NAFSA**. Check # _____
(Checks must be in U.S. dollars drawn on a U.S. bank)

☐ MasterCard ☐ Visa ☐ American Express

CARD ACCOUNT # SECURITY CODE EXPIRATION DATE

CARDHOLDER NAME, PRINTED

SIGNATURE

NAFSA makes its mailing list available to commercial organizations and professional associations whose products and services may be of interest to NAFSA members. Please check below if you do not wish to receive any of these or other mailings.

Please don't send (check all that apply):

- ☐ Commercial mailings
- ☐ Commercial e-mail promotions
- ☐ NAFSA.news (NAFSA's weekly e-newsletter)

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WEB0218

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[VIEW PREVIOUS ORDERS](#)

| Qty | Item Description | Total |
|-----|---|------------------------|
| | | Price |
| 1 | Dues: Regular Dues rate, New member application processing fee - Tamara McClain | \$479.00 |
| 1 | Coupon: RGN18 \$229 off the member rate of \$459 for conference attendees | (\$229.00) |
| | | Subtotal: \$250.00 |
| | | Shipping: \$0.00 |
| | | Processing: \$0.00 |
| | | Tax: \$0.00 |
| | | Total: \$250.00 |

Send an additional copy via e-mail to:

Enter email addresses separated by commas.

If you have a Coupon Code (Promo Code) please click [here](#) to apply it to your order.

Please enter the address that is on your credit card statement. This will not impact where your NAFSA materials are shipped.

Amount: *

\$250.00

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086848
Vendor Name: NAFSA Membership
Invoice Number: CARR
Invoice Date: 10/08/18
PO Number:
Check Number: 0241683
Check Amount: \$ 1,000.00
Check Date: 10/17/2018
Department ID: 00401
Reviewer Name:
Voucher Number: V0530377
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Carr, Maria Gabriella

From: acctpay@cod.edu
Sent: Monday, October 8, 2018 2:17 PM
To: Carr, Maria Gabriella
Subject: Voucher Confirmation: V0530377

Voucher Number V0530377
Voucher Status In Progress (Unfinished)

Requestor Name Mrs Maria Carr

Voucher Date 10/08/18
Due Date 10/08/18
Vendor ID and/or Name 1086818 NAFSA Membership
AP Type IM Invoices < \$15,000
Voucher Total \$250.00

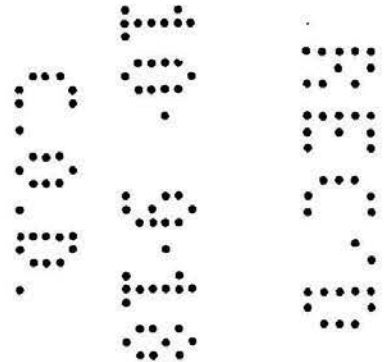
AP VERIFIED
10/10/18 - BETHANY CRUSE

ITEM 1
Item Description Membership
Quantity 1.000
Price \$250.0000
Extended Price \$250.00
GL Distribution 01-10-00401-5406002

COMMENTS

APPROVAL *Samar McClain* DATE *10/5/18*

NEXT APPROVALS



SPECIAL REGIONAL CONFERENCE MEMBERSHIP OFFER APPLICATION 2018-2019

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(For individual membership please identify your workplace)

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- ☐ Community Volunteer \$153*

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- ☐ Chancellor
- ☐ Consultant
- ☐ Dean
- ☐ Associate Dean
- ☐ Executive Director
- ☐ President
- ☐ Vice President
- ☐ Principal
- ☐ Provost
- ☐ Associate Provost
- ☐ Rector
- ☐ Retiree
- ☐ Student
- ☐ Service Provider
- ☒ Student Adviser
- ☐ Other: _____

6 I am a senior international officer

- ☒ Yes
- ☐ No

7 Professional focus

Check ONE that applies

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- ☐ **Management:** Oversee the operation of a unit related to international education
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- ☐ **Academic:** Teaching and learning; curriculum development
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MEMBERSHIP TERM ENDS JUNE 30, 2019

Please type or clearly print your information below.

Maria Gabriella Carr

NAME _____

Internaitonal Admission Representative

TITLE/OFFICE _____

College of DuPage

INSTITUTION/AGENCY/ORGANIZATION _____

425 Fawell Blvd

MAILING ADDRESS _____

SSC 2225M

MAILING ADDRESS _____

Glen Ellyn

IL

60503

USA

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

6309422979

TELEPHONE FAX

carrma@cod.edu

EMAIL _____

Dues Payment:

Please return application with the appropriate payment. Purchase orders are not accepted.

Membership Dues \$ 230.00

Airmail Fee: \$70* \$

Initial Processing Fee \$ 20.00

TOTAL \$ 250.00

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CARD ACCOUNT # SECURITY CODE EXPIRATION DATE

CARDHOLDER NAME, PRINTED

SIGNATURE

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