



NAIA AFFILIATED CONFERENCE INFORMATION FORM

Return no later than **MAY 1, 2008** to :
Lori Thomas, NAIA, 1200 Grand Blvd., Kansas City, MO 64106 Fax: (816) 595-8200

I. CONFERENCE NAME: _____

II. CONFERENCE PERSONNEL: (If not affiliated with an institution, please provide address.)

NAME	INSTITUTION (or address)
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PRESIDENT: _____

Phone: _____ Fax: _____ E-mail: _____

COMMISSIONER: _____

Phone: _____ Fax: _____ E-mail: _____

**SECRETARY/
TREASURER:** _____

Phone: _____ Fax: _____ E-mail: _____

**INFORMATION
DIRECTOR:** _____

Phone: _____ Fax: _____ E-mail: _____

**FACULTY
ATHLETICS REP:** _____

Phone: _____ Fax: _____ E-mail: _____

**ELIGIBILITY
CHAIR:** _____

Phone: _____ Fax: _____ E-mail: _____

REGISTRAR: _____

Phone: _____ Fax: _____ E-mail: _____

**SUPERVISOR OF
OFFICIALS:** _____

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Information contained in this annual NAIA Affiliated Conference Information Form reflects official data to be used in the National Office through the 2008-09 fiscal year July 1, 2008 - June 30, 2009.

I hereby certify that the above information is accurate and complete and may be used by the NAIA to award automatic berths and other benefits to our institutions.

Conference Commissioner Name

Phone Number

Conference Commissioner Signature

Date