



## NAIA AFFILIATED CONFERENCE/A.I.I. INFORMATION FORM

Return no later than **MAY 1, 2009** to :  
Lori Thomas, NAIA, 1200 Grand Blvd., Kansas City, MO 64106 Fax: (816) 595-8200

I. **CONFERENCE NAME:** \_\_\_\_\_

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

**NAME**

**INSTITUTION (or address)**

**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:**

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_





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FORM**  
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Information contained in this annual NAIA Affiliated Conference/A.I.I. Information Form reflects official data to be used in the National Office through the 2009-10 fiscal year July 1, 2009 - June 30, 2010.

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/A.I.I. Commissioner Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Conference/A.I.I. Commissioner Signature

\_\_\_\_\_  
Date