Shippensburg University Student Association

Contract of Conduct

This form, along with a Conference Funding Request Form, must be turned in three (3) weeks prior to the conference dates. After submission, a member of the student group’s executive board must be in attendance of a Budget & Finance meeting. The exact date, in which a member of the student group’s executive board member will attend, shall be decided by the SA Treasurer and will be announced to the student group.

As a representative of ____________________________(student group name), we hereby agree to fulfill all of the terms listed below as a delegate to the ____________________________(name of conference) on ____________________________(date(s) of conference).

1. I understand that as a representative of Student Services, Inc. and Shippensburg University, I will stay with the delegation at the hotel, and return with the delegation, via transportation provided by Student Services, Inc. Exceptions to transportation can be made under certain circumstances.

2. I will attend and participate in all obligated sessions.

3. I realize that I am a representative of Shippensburg University Student Services, Inc. (SUSSI) and have been chosen to represent it and its interests. As such a representative, I understand that any actions I take at the conference will positively or negatively affect people’s opinions about my student group and my university and as a delegate, I will engage in behaviors which are responsible and mature. Any violations of the Student Code of Conduct, use of illegal substances, and disruptive, abusive or inappropriate behavior may result in dismissal from the conference or hotel. If I am asked to leave, I understand that I must reimburse the student group for any expenses it covers for my participation in the conference. I also agree that I, and not SUSSI, will be held responsible for any extra expenses that may arise out of property damage bills.

4. I will share all of the information from the educational sessions/workshops with the rest of my student group and any other interested organizations or individuals.

Print Delegate Name ____________________________  Signature ____________________________  Date ________________

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Failure to complete this form will result in no allocation given.

Return completed form to:  Student Association Treasurer  Office Hours:  M-F 8:30 a.m. – 4:30 p.m.
Student Senate Office  Office Telephone:  717-477-1651
CUB Room 201  Email:  sentreas@ship.edu