

Conference Registration Form Part I

Please complete one registration form for each participant in your group attending the conference.

PARTICIPANT INFORMATION (Please type or print clearly)

Last Name:		First Name:	
Position:			
Institution:			
Mailing Address:			
Work Phone:	Alternate Phone:	FAX:	
Email:			
Degree(s):			
Certificate(s):			
Institution Website:			
How did you here about this conference?			

REGISTRATION FEE

_____ One Day Conference Fee (Tuesday only) **\$250**

_____ One Day Conference Fee (Wednesday only) **\$250**

_____ Two Day Conference Fee **\$495**

_____ Please charge my credit card: Visa MasterCard Discover American Express

_____ Card number

_____ Expiration Date

_____ Cardholder Name

_____ Cardholder Signature

_____ Enclosed is my check or purchase order payable to BOARD OF REGENTS