

2009 WSPECW CONFERENCE REGISTRATION FORM

Step 1: Contact Information			
Last Name: _____	First Name: _____		
Institution: _____	use this name on my badge: _____		
Mailing Address: _____	City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____	

Step 2: Conference Fees

	<u>Cost Summary</u>	
- Active/Associate/Allied (Early Bird before Sept.1)	\$90	\$ _____
- Active/Associated/Allied (After Sept.1)	\$110	\$ _____
- First time Attendee	\$0	\$ _____
- Graduate Student	\$45	\$ _____
- Single Day	\$50	\$ _____

Step 3: Housing and Meal Reservations

Entire conference (Nov. 19 - 22):	Double	\$367	\$ _____
	Triple/Quad	\$278	\$ _____
	Additional attendee	\$278	\$ _____
Single night (Date: _____):	Double	\$124	\$ _____
	Triple/Quad	\$94	\$ _____
	Donations to WSPECW		\$ _____
Total:		\$	_____

Step 4: Payment Information			
Enclose a check(s) payable to WSPECW and mail to:			
Martha Yates, Treasurer 4895 Medica Rd. Santa Rosa, CA 95405	Note: Martha will accept partial payments up to the deadline. Contact Martha for special payment plans! 50% payment due by Sept. 1.		
Step 5: General Information			
Roommate names:	Double Occupancy	(1) _____	(2) _____
	Triple Occupancy	(1) _____	(2) _____
	Quad or more	(1) _____	(2) _____
		(3) _____	(4) _____
		(5) _____	(6) _____
Check choice			
Meals	Disabled Accommodation	Box Lunch on Sunday	Assign a roommate
<input type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Full payment must be received no later than September 11, 2009

**Contact Diane Higgs (lhiggs@csulb.edu) for additional information.
See you at Asilomar!**