

Western Region Research Conference on the Education of Adults

Western Washington University

October 12-14, 2007

Please make a copy of this form and fill out separately for **each** participant.

Submit this form by fax or mail. Confirmation will be sent by email for registrations received by September 30, 2007. We do not accept reservations via the phone. Please print or type the following information.

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

The above address is: _____ Home _____ Work _____

School/Work Affiliation _____

Daytime Phone: _____ E-mail _____

FEES:	<u>Early Bird</u> Pay by 8/2	<u>Advanced</u> Pay by 10/11	<u>On site</u>	
General Conference Registration	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$190	\$ _____
Student Registration	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$105	<input type="checkbox"/> \$125	\$ _____
<i>Registration includes Conference Proceedings CD, two continental breakfasts, two lunches, snacks and beverages.</i>				
Additional Proceedings CD's (1 included w/registration)	<input type="checkbox"/> \$15	x number of CD's		\$ _____
*Printed Proceedings Book	<input type="checkbox"/> \$30	x number of booklets		\$ _____
Sunset Dinner Cruise (40 person limit)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45	Not Available	\$ _____
TOTAL PAYMENT				\$ _____

Special Dietary Needs: Vegetarian Other dietary needs _____

**In respect of WWU's mission statement regarding sustainability, a CD of Conference Proceedings will be provided in lieu of a printed book.*

CANCELLATION/NO SHOWS AND LATE PAYMENTS

No refunds for registration. **No-shows** will be invoiced for the late registration amount. **Late payments:** any registrant whose fees are unpaid after the conference will be invoiced at the late registration amount. The above policies apply to all registrations, including those forms accompanied by a purchase order.

Method of Payment

Check or Money Order made payable to Western Washington University _____

Purchase Order Attached/P.O. # _____

Credit Card # _____ Expiration Date _____

Card Holder Name (Please Print) _____

Signature _____ Total Charge Amount \$ _____

Fax in Purchase Order and Credit Card Registrations to Confidential FAX 360-788-0854

Mail to: Extended Education & Summer Programs -- WWU

WRRCEA

Mail Stop 5293

516 High Street

Bellingham, WA 98225

Questions regarding the conference, contact: Carrie Danielson, email: Carrie.Danielson@wwu.edu