



## 2017 ANNUAL CONFERENCE REGISTRATION

Dr.  
  Prof.  
  Mr.  
  Mrs.  
  Ms.  
  Other

NAME AS IT SHOULD APPEAR ON YOUR NAME BADGE

INSTITUTIONAL AFFILIATION

ADDRESS LINE 1

ADDRESS LINE 2



CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

WORK PHONE

HOME PHONE

E-MAIL ADDRESS

GUEST #1: NAME AS IT SHOULD APPEAR ON YOUR NAME BADGE

GUEST #1: INSTITUTIONAL AFFILIATION

GUEST #1: EMAIL ADDRESS

GUEST #2: NAME AS IT SHOULD APPEAR ON YOUR NAME BADGE

GUEST #2: INSTITUTIONAL AFFILIATION

GUEST #2: EMAIL ADDRESS

Send checks, with this form, to our office:

Association of Literary Scholars, Critics and Writers  
 Marist Annex, Room 223  
 The Catholic University of America  
 620 Michigan Ave. NE  
 Washington, DC 20064

The annual conference of the ALSCW is a special event for members of the Association. If you are not a member and would like to attend, please join or renew (with membership starting at \$50 for new members) or choose the non-member rate. Below, please select your registration rate as well as the rate(s) of your guest(s) if applicable. Specify the number of persons paying each rate in the spaces provided.

If you are unsure of your membership status or the status of your guest(s), please contact OUP at Tel: +1 919-677-0977 or +1 800-852-7323 (toll-free in USA/Canada). Make sure to ask if you are subscribed to Literary Imagination, which is the same as being an ALSCW member. Thank you!

### CONFERENCE RATES

Member Rate ..... \$60 x  =

Non-member Rate ..... \$85 x  =

Student Rate ..... \$45 x  =

Saturday Night Banquet ..... \$50 x  =   
 (incl. 3-course meal, wine, and non-alcoholic beverages)

Total ..... =

### PAYMENT INFORMATION

I would like to pay by  Visa  Mastercard  Discover

American Express  Check \*

Credit Card Number

Expiration Date  CVV2 Number

Authorizing Signature

### DIETARY RESTRICTIONS OR COMMENTS