



2019 ANNUAL CONFERENCE REGISTRATION

Dr. Prof. Mr. Mrs. Ms. Other

NAME AS IT SHOULD APPEAR ON YOUR NAME BADGE

INSTITUTIONAL AFFILIATION

ADDRESS LINE 1

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

The annual conference of the ALSCW is a special event for members of the Association. 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 call Oxford UP customer service at +1 800-852-7323. Thank you!

CONFERENCE RATES

Regular Rate \$120 x =

Student / Part-Time / Retiree Rate \$60 x =

Saturday Night Banquet \$65 x =

Student / Part-Time / Retiree Banquet \$35 x =

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

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