Association of Literary Scholars, Critics, and Writers



2023 ANNUAL CONFERENCE REGISTRATION	1				
[] Dr. [] Prof. [] Mr. [] Mrs. [] Ms.	[] Other				
Name as it should appear on your name badge:					
Institutional affiliation:					
Address: Street City	Statalmua	vince	Postal code	Country	
Work phone: H					
Email address:					
The annual conference of the ALSCW is a special event for melike to attend, please join or renew (with membership starting a alscw.org/membership/join-alscw.) Below, please select your a Specify the number of persons paying each rate in the spaces prof your guest(s), please contact Societies.CustServ@oup.com.	at \$52 for new m registration rate a provided. If you a	embers). (Join as well as the are unsure of y	n online at rate(s) of your guest(s) your membership status	if applicable. s or the status	
CONFERENCE RATES					
Regular rate for members:	\$250 ×	quantity	= total	_	
Individuals without institutional support:	\$175 ×	quantity	=	_	
Graduate students and/or individuals making less than \$65,000)/yr.: \$50 ×	quantity	=		
Banquet Ticket:	\$85 ×	quantity	=		
	Total:				
PAYMENT INFORMATION					
I would like to pay by: [] Credit or Debit (PayPal)	[] Check	[] Check or Cash			
All credit and debit card purchases will be processed through I	PayPal online:				
https://alscw.org/events/annual-conference/alscw-2023-conferen	ence/				
PAYPAL CONFIRMATION NUMBER:					

DIETARY RESTRICTIONS OR COMMENTS				
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:

ALSCW The Catholic University of America Marist Annex, Room 223 620 Michigan Ave. NE Washington, DC 20064