



**University of Alaska Fairbanks**  
**Alaska Native Language Center**  
 Box 757680 Fairbanks, AK 99775  
 (907) 474-7874 [phone] / (907) 474-6586 [fax]  
 fyanlc@uaf.edu / www.uaf.edu/anlc/alc

## Athabascan Languages Conference 2002 Registration Form

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

All fees are in US dollars

Registration Fee: .....

	before May 1	after May 1
regular	\$25	\$35
student/unemployed	\$15	\$25

Tuesday Banquet (\$15) .....

Excursion to Gaalee'ya Spirit Camp on Wednesday (\$20) .....

Total Fees: .....

Payment information (circle one)

VISA    MasterCard    Discover    check (payable to "ANLC")

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

How would you prefer to receive payment confirmation? (circle one)    email    fax    mail

Please print this form and mail or fax with payment information to address above.

## Athabascan Languages Conference 2002

### Application for Travel Support

A limited number of stipends are available to assist with attendance at the 2002 conference. Preference will be given to conference presenters, students, Native speakers of Athabascan, those lacking institutional support, and those encountering high travel costs to Fairbanks. Stipend awards will average US \$200 and will be distributed in the form of a reimbursement check at the conference.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Institutional affiliation (school, employer, etc.): \_\_\_\_\_

Estimated travel costs: \_\_\_\_\_

Will your institution provide travel support? If so, how much? \_\_\_\_\_

Are you a student?  yes  no School: \_\_\_\_\_

Will you be presenting a paper at the conference?  yes  no

Native language \_\_\_\_\_

Please attach a brief statement describing why you are requesting a travel stipend and why you would like to attend the conference.

**Mail or fax this no later than May 1, 2002, to:**

ALC 2002  
Alaska Native Language Center  
Box 757680  
Fairbanks, AK 99775-7680  
fax: 907-474-6586



## University of Alaska Fairbanks

### Conference and Guest Housing

P.O. Box 756860 Fairbanks, AK 99775  
(907) 474-6769 phone (907) 474-6423 fax  
fycserv@uaf.edu / www.uaf.edu/reslife

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## Conference and Guest Housing Reservations Form Summer 2002

Please print this form and fill it out. Send or fax it to the address above. Reservations are on a first-come, first-served basis. Rates are subject to change, please contact our office for more information or if you have any questions. A confirmation will be sent to you when we reserve your space. Our front desk is open 24 hours a day beginning May 15, 2002.

Please indicate if this reservation is for \_\_\_\_\_ a group or for \_\_\_\_\_ an individual. (Check one)

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Name \_\_\_\_\_ Affiliation/Conference \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How would you prefer your confirmation sent? \_\_\_ Mail \_\_\_ Fax

All accommodations include linen service. Affiliated Academic Group rate and Regular Guest Rate includes daily housekeeping services. Rates are posted on our website. Please contact our office if you're not sure what rate your group qualifies for.

If you are making an initial contact regarding a group that would like to stay in Conference Housing and would like us to block a number of rooms for your group, please indicate the number of individuals expected in your group : \_\_\_\_\_

Accommodation: (Please circle one) For group reservations, indicate the number requested next to the room type

Double Room \_\_\_\_\_ Single Room \_\_\_\_\_ Cutler Apartment \_\_\_\_\_

Name of preferred roommate(s) if applicable \_\_\_\_\_

Date of Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Payment information: (Please provide a credit card number to hold your reservation. Cancellation requires 48-hour notice, or one night charge will apply).

Please circle one: Visa      MasterCard      Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Your card will be charged for one night stay if you cancel with less than 48-hour notice, but will not be used to pay for your stay unless authorized. Payment can be made upon arrival by cash, travelers check, personal or departmental check, MasterCard, Visa or Discover.

Signature \_\_\_\_\_ Date \_\_\_\_\_