

CONFERENCE ATTENDEE REGISTRATION APPLICATION



(Please Print)

NAME (AS YOU WOULD LIKE IT TO APPEAR ON NAME BADGE)

TITLE

NAME OF ORGANIZATION

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

REGISTRATION FEES

CALCULATING YOUR REGISTRATION FEES

	Early Bird By 06/28/02	After 06/28/02
Full Conference	\$175.00	\$200.00
One Day	\$75.00	\$100.00
Student Fee	\$100.00	\$125.00
Additional Dinner Ticket	\$20.00	\$20.00
Additional Lunch Ticket	\$12.00	\$12.00

<input type="checkbox"/> Full Conference	\$
<input type="checkbox"/> One Day (Includes Lunch)	
One Day: <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	\$
<input type="checkbox"/> Student Fee	\$
<input type="checkbox"/> Additional Dinner Ticket	\$
<input type="checkbox"/> Additional Lunch Ticket	\$

Full Conference Registration Includes: Wednesday Welcome Reception, AM Breaks on Thursday, Friday & Saturday, PM Breaks on Thursday & Friday, Lunch on Thursday, Friday & Saturday, and Thursday night Traditional Foods Potluck.

REGISTRATION TOTAL \$

Cancellation Policy: All requests for registration additions, changes, and/or refunds must be in writing (via postal mail, fax or email) and received by July 15, 2002. No refunds or credits after July 15, 2002; however, a substitute may be designated at any time. Refunds will be mailed after the conference. **No refunds will be made for those who register but do not attend.**

PLEASE INDICATE ANY SPECIAL NEEDS

- A) Diabetic B) Vegetarian C) Shellfish Allergies D) Special Accommodations

METHOD OF PAYMENT

(please describe) _____

Check Enclosed Amount \$ _____ Please make check payable to: VISIONS

Credit Card Type: VISA MASTERCARD (UStavel will appear on your credit card statement)

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

REMIT PAYMENT AND REGISTRATION TO:



Visions Meeting & Event Management c/o 13th Inuit Studies Conference
P.O. Box 92310, Anchorage, AK 99509-2310 Fax: (907) 562-2016



For questions related to registration call: (907) 786-0136 or EMAIL: inuitstudies@visionsak.com

FOR OFFICE USE ONLY

Date Rcvd _____ Confirm Sent _____ Reg Entered _____ Payment Rcvd _____