

Conference Registration Form

March 9-10, 2012

The information on this form is private data, used to identify and locate you, obtain payment, and enable the organizers to know their audience. Name, email address, and payment method are mandatory. Information on this form may be shared with the organizers and program sponsors.

Name (full name for billing)	Professional Title (e.g. Director of Study Abroad, French Instructor, Graduate Student)
Preferred name (for name tag and roster if different from above)	Department
E-mail (required)	Institution
Mailing Address (street, city, zip code, and country) This is: <input type="checkbox"/> home <input type="checkbox"/> work	
Daytime Telephone (include area/country code)	FAX Number (include area/country code)
<input type="checkbox"/> Check here if you do NOT want your name, affiliation and email to appear on the conference roster, which will be included with the conference registration materials.	

1) Please let us know about CLAC program initiatives at your institution:

- My institution currently has a CLAC program in place My institution has had a CLAC program in the past, but does not currently have one
 My institution is planning a CLAC program My institution does not currently have plans to implement a CLAC program
 Other:

2) Please let us know your reason(s) for attending the CLAC conference (check all that apply):

- To find out more about CLAC To present CLAC initiatives and programs on my campus
 To participate in the ongoing discussion of CLAC To represent my institution's interest/membership in CLAC
 Other:

3 a) Have you been to a CLAC conference before? No Yes 3 b) If yes, how many CLAC conferences have you attended? _____

Saturday Lunch: I need a **vegetarian** meal. If you have other dietary restrictions, please contact the CARLA office at carla@umn.edu at least 2 weeks prior to the conference.

Registration Choices and Fees: Check your registration options below

Friday Pre-Conference Workshops:		<i>(Note: You may register for a workshop without registering for the conference. Pre-conference workshops are an additional cost—they are NOT included in the cost of the conference.)</i>	
Select one			
<input type="checkbox"/> Fostering Critical Thinking and Academic Language through Visual Images	<input type="checkbox"/> \$50 Early Bird (by 1/19/12)		\$
<input type="checkbox"/> How to Design & Implement a CLAC Program that Works for Your Campus	<input type="checkbox"/> \$80 Regular (from 1/20/12 through 3/1/12)		\$
<input type="checkbox"/> Preparing Graduate Students to Teach CLAC	<input type="checkbox"/> \$100 Late Registration (on or after 3/2/12)		\$
Optional boxed lunch for Friday pre-conference workshop participants ONLY. No substitutions. No graduate student discount. (Select one):		<input type="checkbox"/> \$15 Box Lunch: Turkey (by 3/1/12)	\$
		<input type="checkbox"/> \$15 Box Lunch: Vegetarian (by 3/1/12)	\$
Full Conference Registration*: Friday and Saturday		<input type="checkbox"/> \$100 Early Bird (by 1/19/12)	\$
*Does not include the cost of pre-conference workshops.		<input type="checkbox"/> \$150 Regular (from 1/20/12 through 3/1/12)	\$
		<input type="checkbox"/> \$180 Late Registration (on or after 3/2/12)	\$
One-Day Registration: (Select day)	<input type="checkbox"/> Friday	<input type="checkbox"/> \$60 (by 1/19/12)	\$
	<input type="checkbox"/> Saturday	<input type="checkbox"/> \$80 Regular (from 1/20/12 through 3/1/12)	\$
		<input type="checkbox"/> \$100 Late Registration (after 3/2/12)	\$
Graduate Student Discount: List a faculty member who can vouch for your graduate student status. You must be currently enrolled.			\$
Faculty Name: _____ Institution: _____			\$
Email: _____ Cost: Divide the registration costs in half (No discount on Friday boxed lunch)			\$
Total Registration Cost:			\$

Method of Payment

Registrations must include full payment in U.S. currency or a copy of a purchase order. Check your method of payment below

<input type="checkbox"/> Check payable to the "University of Minnesota"			
<input type="checkbox"/> Purchase order	Institution	PO#	
<input type="checkbox"/> Charge my credit card	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	\$
Card #	Expiration Date		
Name on Card	Signature		

Send registration form and payment to: CARLA Conference · University of Minnesota Extension RDU, 405 Coffey Hall, 1420 Eckles Avenue, St. Paul MN 55108
 Paying by credit card or PO? You may fax this form to (612) 625-6281.

Register online! Go to: www.carla.umn.edu/conferences/clac/registration.html