

(Please use this form to register for the conference.)

Presenter Registration Form

Please provide all of the information below (duplicate for Personal Assistants and for multiple registrations) and mail your registration along with your check(s) made payable to **SCSU Women's Studies Program** to:

Women's Studies Program
Morrill Hall
Southern Connecticut State University
501 Crescent Street
New Haven, CT 06515

Or fax this form along with your credit card information to:

203-392-6723

Name: _____

Affiliation (for name badge): _____

Mailing Address: _____

Phone (daytime): _____ **(e-mail):** _____

(evening): _____ **(fax):** _____

May we include you on our network list?

(The list will be restricted to SCSU use only)

Yes No

Presenter

Non-presenter

Personal Assistant to: _____

I will attend (Please mark all that apply.):

Friday Dinner

Saturday Lunch

Saturday Dinner

Please indicate special needs or food restrictions below:

(Food served at the conference will include dairy but not meat or fish.)

All spaces used for the conference are wheelchair accessible.

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Presenter Pre-Registration Rates

(postmarked or faxed no later than September 10th)

	2 Days	1 Day	# Registering
Conference Presenter	___ @ \$75	___ @ \$60	___ @ ___
Conference Presenter (student/limited means)	___ @ \$45	___ @ \$30	___ @ ___
Regular Registration	___ @ \$85	___ @ \$70	___ @ ___
CSU Faculty & Administration	___ @ \$75	___ @ \$60	___ @ ___
CSU Clerical/Custodial	___ @ \$65	___ @ \$50	___ @ ___
Limited means (non-presenter)	___ @ \$55	___ @ \$40	___ @ ___
Graduate Student (non-presenter)	___ @ \$55	___ @ \$40	___ @ ___
Undergraduate Student	___ @ \$45	___ @ \$30	___ @ ___
High School Student	___ @ \$35	___ @ \$20	___ @ ___
Personal Assistant	___ @ \$25 per day (meal costs during the conference)		
Elementary & Junior High Students	___ @ FREE		Age _____

Voluntary Scholarship Donation

(to subsidize conference registrations for individuals with limited means)

\$ _____

Total Amount Enclosed

Please make checks payable to SCSU Women's Studies Program.

\$ _____

MasterCard or Visa (circle one). Credit Card registrations may be faxed - 203-392-6723.

Credit Card # _____

Expiration Date: _____

Print Name: _____

Signature: _____

(Please use this form to register for the conference.)

Presenter Registration Rates

(postmarked or faxed no later than September 24th)

	2 Days	1 Day	# Registering
Conference Presenter	___ @ \$85	___ @ \$70	___ @ ___
Conference Presenter (student/limited means)	___ @ \$50	___ @ \$35	___ @ ___
Regular Registration	___ @ \$90	___ @ \$75	___ @ ___
CSU Faculty & Administration	___ @ \$80	___ @ \$65	___ @ ___
CSU Clerical/Custodial	___ @ \$70	___ @ \$55	___ @ ___
Limited means (non-presenter)	___ @ \$60	___ @ \$45	___ @ ___
Graduate Student (non-presenter)	___ @ \$60	___ @ \$45	___ @ ___
Undergraduate Student	___ @ \$50	___ @ \$35	___ @ ___
High School Student	___ @ \$40	___ @ \$25	___ @ ___
Personal Assistant	___ @ \$25 per day (meal costs during the conference)		
Elementary & Junior High Students	___ @ FREE		Age _____

Voluntary Scholarship Donation

(to subsidize conference registrations for individuals with limited means)

\$ _____

Total Amount Enclosed

Please make checks payable to SCSU Women's Studies Program.

\$ _____

MasterCard or Visa (circle one). Credit Card registrations may be faxed - 203-392-6723.

Credit Card # _____

Expiration Date: _____

Print Name: _____

Signature: _____

Any presenter not registered and paid by 30 September will be removed from the program.

All Presenters Must Complete and Return this Form by September 10th.

Request for Audio Visual/Television Equipment

I DO NOT need Audio Visual equipment for my presentation.

I DO need Audio Visual equipment for my presentation.

Panel date and time: _____

Name of Presentation: _____

Equipment Needed: (Please mark all equipment needed)

TV/VCR

Slide Projector

Overhead Projector

Special Set-Up Instructions for Room: _____

If you have any questions or concerns regarding audio visual equipment requests, please contact the Women's Studies Program at 203-392-6133, email womenstudies@southernct.edu or fax 203-392-6723.

All Presenters Must Complete and Return this Form by September 10th.

Information About Your Presentation

Name of Presenter: _____

Affiliation: _____

Telephone Number: _____

Title of Panel Presentation: _____

Date of Presentation: _____ **Time of Presentation:** _____

Title of your presentation (as it appears on the registration form):

Title of your presentation (as it **should** appear in the conference program):

Please write a short paragraph description of your presentation to be included in the conference program. The following is an example of a presentation description from a previous conference to use as a reference.

“What has been the lived experience of a Black Latina immigrant family in terms of race, gender, and class? As educators, we are interested in exploring this question through the lens of a short video clip and interactive workshop. In this present wave of English Only, anti-immigrant, anti-gay, anti-women legislation, we feel that now more than ever we need to hear the voices of ‘outsiders’ and ‘insiders’ in a joint effort to create socio, cultural, and political change.”

Presentation Description: _____

Please send this information about your presentation to: Women’s Studies Program; Morrill Hall; Southern Connecticut State University; 501 Crescent Street; New Haven, CT 06515-1355; email womenstudies@southernct.edu or fax 203-392-6723.

Complete and Return this Form by September 10th if you have publications that you would like to be made available for sale by the university bookstore during the conference.

Publication Information

Name of Presenter: _____

Affiliation: _____

Telephone Number: _____

Title of Publication(s), Publisher, & ISBN numbers: _____

Other Suggested Book Titles, Publishers, & ISBN numbers: _____
