

UCEA Registration Form

SYRACUSE, NEW YORK

SEPTEMBER 30 - OCTOBER 2, 2009

Register online at: www.midatucea.org

OR mail completed form to:

Syracuse University, University College, 700 University Avenue
Syracuse, NY 13244-2530 OR fax form to: 315-443-4410

Name _____ Salutation _____

Organization/Institution _____

Job title/Position _____ Division _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

E-mail _____ Fax _____

Special meal requests (i.e., vegetarian) _____

Conference Fee Schedule	Member	Non-member
Full Conference (on or before September 11, 2009)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$315
Full Conference (after September 11, 2009)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$335
Group Discount* (on or before September 11, 2009)	<input type="checkbox"/> \$245	<input type="checkbox"/> \$270
Group Discount* (after September 11, 2009)	<input type="checkbox"/> \$265	<input type="checkbox"/> \$285
Day Rate (per day, does not include Awards Dinner) Indicate day: _____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Pre-Conference (member or non-member with Full Conference) Session: _____	<input type="checkbox"/> \$50	
Pre-Conference (member or non-member, Pre-Conference ONLY) Session: _____	<input type="checkbox"/> \$100	
Awards Dinner ONLY (No. of people attending _____)	<input type="checkbox"/> \$60 each	
Full-Time Graduate Student-Full Conference [†]	<input type="checkbox"/> \$165	

First Time Attendee **New Member**

*Group discount applies when four or more people from the same institution register together.

[†]Full-time graduate students' registration must be accompanied by signed certification statement from the UCEA member.

Participants in need of special disability-related accommodations, please contact us as soon as possible.

TOTAL PAYMENT: \$ _____

Method of payment: Check or Money Order (payable to Syracuse University)

MasterCard VISA

Card # _____ Exp. date: _____

Card holder's name _____

Signature _____

Registrants who wish to cancel may transfer registration to a colleague within the same organization or request a full refund (minus \$75 processing fee) by September 11, 2009. No refunds will be made after September 11, 2009. Cancellation and substitution requests must be made to Syracuse University via e-mail to Eileen Jervis at ejervis@uc.syr.edu.

Reserve your rooms by calling:
Sheraton Syracuse University Hotel
1-315-475-3000 • Toll-free 1-800-395-2105
Group name: University College Event
Reduced room rates of \$105 single and \$115 double are guaranteed until 5 p.m., August 30. Limited number of rooms are available.