

REGISTRATION

BRIDGING THE GENERATIONAL DIVIDE

INDIVIDUAL REGISTRATION FORM

**EARLY BIRD POSTMARK
DEADLINE:
OCTOBER 21, 2009
(Save \$50!)**

Conference fee includes Friday lunch and reception; Saturday continental breakfast and breaks, and all programming and session materials. Separate registration required for preconference workshops and Faculty Developers' Breakfast Session.

Registration is complete on receipt of full payment; sorry, we cannot accept email registrations, purchase orders, or split registrations. Fax registrations accepted for credit card registrations only. Refer to page 6 for refund policies.

To register for the conference, please return this form with your check or money order payable to The Collaboration or with your credit card information.

Note:
**Other Affiliate Members are institutions outside the five-state region of Iowa, Minnesota, North Dakota, South Dakota, and Wisconsin that are not HBCUs, tribal colleges, or Hispanic-Serving Institutions.*

***The group discount applies to full conference faculty or staff registrations from member institutions only. To receive the discount, all registrations must be submitted together by the faculty development coordinator, along with the cover sheet listing all participants and full payment.*

Send to:
Collaboration Conference
2356 University Ave. W., Ste. 230
St. Paul, MN 55114
Fax: (651) 646-3162
For more information, contact The Collaboration at (651) 646-6166, or e-mail us at collab@collab.org

For Office Use Only	
PD _____	AMT _____
C# _____	DD _____

NAME (Dr./Mr./Ms.) _____ BADGE NAME _____
 TITLE _____ DEPARTMENT _____
 INSTITUTION _____
 STREET _____
 CITY, STATE, ZIP _____
 DAYTIME TELEPHONE _____ FAX _____
 EMAIL ADDRESS _____

DISCIPLINARY AREA (check) Humanities STEM Arts Social Sciences
 Education Health Sciences Other _____

PLEASE NOTE ANY SPECIAL PHYSICAL OR DIETARY REQUIREMENTS _____

PLEASE SIGN HERE IF WE MAY NOT USE YOUR IMAGE IN MARKETING OR PROMOTIONAL MATERIALS

To help with planning, check to indicate your preference for concurrent sessions (titles on page 4):

SESSION I: (choose one) A B C D E F G
 SESSION II: (choose one) A B C D E F G
 SESSION III: (choose one) A B C D E
 SESSION IV: (choose one) A B C D E F

CONFERENCE REGISTRATION FEES

(see pages 4 for member institutions)

	REGIONAL, ASSOCIATE, & HBCU, TRIBAL COLLEGE, AND HSI AFFILIATE MEMBER	OTHER AFFILIATE MEMBER*	NONMEMBER
FULL CONFERENCE REGISTRATION			
Faculty or Staff	<input type="checkbox"/> \$285	<input type="checkbox"/> \$295	<input type="checkbox"/> \$370
Graduate or Undergraduate Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160	<input type="checkbox"/> \$200
Undergraduate Student Presenter	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> \$195
ONE-DAY REGISTRATION			
<input type="checkbox"/> Friday Only <input type="checkbox"/> Saturday Only	<input type="checkbox"/> \$230	<input type="checkbox"/> \$235	<input type="checkbox"/> \$295
PRECONFERENCE REGISTRATION (includes continental breakfast)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95
<i>Please check which preconference session you plan to attend.</i>			
<input type="checkbox"/> [A] Exploring Academic Podcasting			
<input type="checkbox"/> [B] "Aren't You Retired?": Teaching Well In the Decade before Retirement			
<input type="checkbox"/> [C] Verbs that Last vs. Nouns that Don't			
FACULTY DEVELOPERS' BREAKFAST SESSION REGISTRATION	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$36
GROUP DISCOUNTS (full conference, member faculty/staff only)**			
-six to 10 people	<input type="checkbox"/> -\$15	<input type="checkbox"/> -\$15	<input type="checkbox"/> N/A
-more than 10 people	<input type="checkbox"/> -\$25	<input type="checkbox"/> -\$25	<input type="checkbox"/> N/A

SUBTOTAL: _____
If postmarked after October 21, 2009, add \$50 \$50 _____
TOTAL PAYMENT ENCLOSED: _____

CHECK ENCLOSED CREDIT CARD PAYMENT AMEX VISA MASTERCARD

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CSV# _____ (the three digits at the end of the signature panel on the back of your credit card)

CARDHOLDER NAME _____

CARDHOLDER BILLING ADDRESS _____

CARDHOLDER SIGNATURE _____