

REGISTRATION FORM
CAMWS Annual Meeting - Madison, WI (March 31-April 2, 2005)

Name #1 (as you'd like it to appear on your badge): _____

Preferred Mailing Address (is this home__ or office__?): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone (office): _____ Phone (home): _____ E-mail address: _____

Name of your school/institution (if applicable): _____

If a teacher, check appropriate box(es): Elementary Middle/Jr. H.S. H.S. College/University

If a student, check appropriate box: Secondary School Undergraduate Graduate Student

This is the first CAMWS Annual Meeting I have ever attended.

Name #2 (if you are registering your guest/spouse or the 2nd of two joint members, please fill out this section too):

Name of guest/spouse or 2nd joint member: _____

Preferred Mailing Address (is this home__ or office__?): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone (office): _____ Phone (home): _____ E-mail address: _____

Name of school/institution (if applicable): _____

If a teacher, check appropriate box(es): Elementary Middle/Jr. H.S. H.S. College/University

If a student, check appropriate box: Secondary School Undergraduate Graduate Student

This is the first CAMWS Annual Meeting my guest/spouse or the 2nd joint member has ever attended.

Registration Fees:	<u>Received on or before Mar. 15</u>	<u>Received after March 15</u>	
CAMWS Member	\$80	\$100	\$ _____
CAMWS Student Member	\$60	\$75	\$ _____
CAMWS Joint Members	\$120	\$150	\$ _____
Guest/Spouse of CAMWS Member	\$40	\$50	\$ _____
Non-Member	\$120	\$150	\$ _____
Student Non-Member	\$80	\$100	\$ _____
One-Day Registration	\$40	\$50	\$ _____
Check the day you will attend:	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Special Events & Items:

SALVI reception - Dulcia Latina (Thursday, 7-8 p.m.) _____ @ \$12 \$ _____

Vergilian Society Breakfast (Friday, 7-8 a.m.) _____ @ \$12 \$ _____

ACM/GLCA/ACS Classicists' Luncheon (Friday, 12-1 p.m.) _____ @ \$20 \$ _____

CAMWS Banquet (Friday, 7:30-9:30 p.m.; entrée = roast duckling) _____ @ \$30 \$ _____

I prefer a vegetarian entrée. My guest/spouse or the 2nd joint member prefers a vegetarian entrée.

Women's Classical Caucus Breakfast (Saturday, 7-8 a.m.) _____ @ \$6 \$ _____

2004 Centennial Video (while copies last) VHS DVD _____ @ \$5 \$ _____

2004 Centennial Program (while copies last) _____ @ \$5 \$ _____

Total Enclosed: \$ _____

Please make check payable to **CAMWS** and mail it to this address: **CAMWS, Dept. of Classics, St. Olaf College, 1520 St. Olaf Ave., Northfield, MN 55057-1098.** CAMWS does **not** accept credit cards. Thank you!