

REGISTRATION FORM
CAMWS Annual Meeting - Gainesville, Florida (April 6-8, 2006)

Name #1 (as you would 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	\$70	\$90	\$ _____
CAMWS Student Member	\$40	\$60	\$ _____
CAMWS Joint Members	\$100	\$120	\$ _____
Guest/Spouse of CAMWS Member	\$30	\$50	\$ _____
Non-Member	\$100	\$120	\$ _____
Student Non-Member	\$70	\$90	\$ _____
One-Day Registration	\$30	\$50	\$ _____
Check the day you will attend:	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Special Events: [All except the happy hour are open to all; if you plan to attend an event, please sign up below.]

Opening Reception (Wednesday, 8-10 p.m.) - hosted by *consulares* _____ FREE + cash bar

Committee for the Promotion of Latin Breakfast (Thursday, 7-8 a.m.) _____ @\$8 \$ _____

Happy Hour (Thursday, 6:30-7:30 p.m.) - for graduate students only _____ FREE + cash bar

SALVI Reception (Thursday, 6:30-7:30 p.m.) - converse in Latin! _____ FREE + cash bar

Vergilian Society Reception (Thursday, 6:30-7:30 p.m.) _____ FREE + cash bar

Mask Workshop (Thursday, 8 p.m.) - space limited to 1st 100 registrants _____ FREE

ACM/GLCA/ACS Classicists' Breakfast (Friday, 7-8 a.m.) _____ @\$12 \$ _____

CAMWS Banquet (Friday, 7:30-9:30 p.m.) - salmon & chicken entrée _____ @\$30 \$ _____

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

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

Women's Classical Caucus Luncheon (Saturday, 12-1 p.m.) _____ @\$8 \$ _____

Lysistrata Performance (Saturday, 8 p.m.) - seats held for 1st 50 registrants _____ (pay for ticket at call window)

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!