

REGISTRATION FORM
CAMWS Annual Meeting – Minneapolis, Minnesota (April 1-4, 2009)

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 March 9</u>	<u>Received after March 9</u>	
CAMWS Member	\$80	\$110	\$ _____
CAMWS Student Member	\$50	\$80	\$ _____
CAMWS Joint Members	\$120	\$150	\$ _____
Guest/Spouse of CAMWS Member	\$40	\$60	\$ _____
Non-Member	\$130	\$160	\$ _____
Student Non-Member	\$80	\$110	\$ _____
One-Day Registration	\$40	\$60	\$ _____
Check the day you will attend:	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Special Events: [If you plan to attend an event, please sign up below so that we know how many to expect.]

GSIC Workshop: Preparing to be a TA in Latin (Wed., 6:00-8:00 p.m.) - for students only _____FREE

Opening Reception Hosted by *Consulares* (Wed., 8:00-10:00 p.m.) - all welcome _____FREE + cash bar

Happy Hour for Graduate Students (Thur., 6:00-7:00 p.m.) _____FREE + cash bar

Reception for ACM/GLCA/ACS College Classicists (Thur., 6:00-7:00 p.m.) _____FREE + cash bar

Vergilian Society Reception (Thur., 6:00-7:00 p.m.) - all welcome _____FREE + cash bar

SORGLL: Round-Table Reading of *Aeneid* I (Thur., 8:00-10:00 p.m.) - all welcome _____FREE

Vergilian Society Breakfast (Fri., 7:00-8:00 a.m.) - all welcome _____@\$15 \$ _____

CAMWS Banquet (Fri., 7:30-10:00 p.m.) - all welcome _____New York Strip Steak @\$40 \$ _____

_____Vegetarian Option @\$35 \$ _____

Women's Classical Caucus Breakfast (Sat., 7:00-8:00 a.m.) - all welcome _____@\$15 \$ _____

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. If you prefer to pay by credit card (a \$3 processing fee will be added), follow the instructions on the CAMWS website (<http://www.camws.org/membership/meetingform.php>).