

Virginia Humanities Conference 2009

Registration Form

April 3-4

Virginia Commonwealth University

Richmond, VA

Last Name: _____ First Name: _____

Title: (Professor, Doctor, Ms., etc.) _____

Mail Address: _____

Email address: _____

Office Phone: _____ Cell _____ FAX _____

Institution: _____

Department: _____

Have you attended VHC before? _____ If not, from what source did you learn about the conference?

Please give the title of your presentation:

What technological support does your session require?

CONFERENCE FEE

Your registration fee, payable by check or cash, will be due when you register at the conference. The VHC is unable to accept credit cards. You may send your registration fee with your registration form to the address listed at the bottom of the page.

Please check the one that applies to you:

- Faculty/professional, \$100
- Adjunct Faculty, \$50
- Spouse or Partner of Conference Participant, \$50
- Graduate student, \$25
- Undergraduate Student, \$10
- Delegate

PLEASE HELP OUR PLANNING

1) Conference fees include the following meals, but to help us plan and avoid waste, kindly check the meals you expect to attend:

- | | |
|---|---|
| <input type="checkbox"/> Friday, April 3 | <input type="checkbox"/> Saturday, April 4 |
| <input type="checkbox"/> A.M. coffee/pastry | <input type="checkbox"/> A.M. coffee/pastry |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Box Lunch |
| <input type="checkbox"/> Cocktail Party | |

Please indicate dietary concerns, including vegetarian or vegan diet.

2) Will you require any special assistance that has not already been noted? If so, please describe.

Please return this registration form, as well as the appropriate fee for registration (which you marked above), to

Dr. D. Kirk Richardson
University College
Virginia Commonwealth University
PO Box 842015
Richmond, VA 23284-2015