

THIRTY-SECOND ANNUAL APPALACHIAN STUDIES CONFERENCE
SHAWNEE STATE UNIVERSITY, PORTSMOUTH, OHIO
MARCH 27-29, 2009

INDIVIDUAL CONFERENCE REGISTRATION FORM

Your registration form and payment must be **postmarked on or before March 6, 2009**. Conference registration includes (1) the 2009 ASA membership fee and (2) participation in all 2009 conference activities,

including the Friday banquet, Saturday luncheon, and Sunday brunch. Only pre-paid registrants may attend the meals. Late/on-site registration fee is \$155/ students \$105. For persons who have registered and then find themselves unable to participate, refunds will be given if you notify the ASA office at Marshall (304-696-2904) before March 6. **No conference fees can be refunded after March 6, 2009.**

Please print legibly or type your name and address **the way you wish it to appear on a mailing label.**

Name: _____

Address: _____

(circle home/work)

City: _____ State: _____ Zip: _____

Inst/Org: _____ check if inst/org part of address

Email: _____ Phone: _____ (circle home /work)

Check here to receive email notices via ASA's distribution list. Check here to receive Appalink electronically.

\$ _____ \$150 Regular Registration

\$ _____ \$100 Student Registration (signature of advisor/depart. head is required):

Extra Meals are for your guests who will be attending meals, but not sessions:

#: _____ Total: _____
_____ \$ _____ \$ 20 Extra Friday Banquet Tickets (all menus accommodate vegetarian needs)

_____ \$ _____ \$ 15 Extra Saturday Lunch Tickets

_____ \$ _____ \$ 15 Extra Sunday Brunch Tickets

\$ _____ \$ 25 Suggested donation to ASA to support participants and students.

\$ _____ \$ 10 donation to ASA Endowment (to help ASA become self-sustaining)

Total enclosed: \$ _____

*To contain food waste/cost please **circle the meals you are likely to attend:** Friday
Saturday Sunday.

Check here if you wish to have a **FEE RECEIPT** included in your conference packet. **First Time Attendee**

If paying by MC or Visa, please fill in the following: Date: _____

Billing Name: _____ Total Due: \$ _____

Billing Address: _____ 3-digit code: _____

City: _____ State: _____ Zip Code: _____

Account #: _____ Exp Date: _____ MC/Visa (circle one)

If you are unable to attend but would like to renew your membership, use this part of the form:

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— \$75 ASA 2009 Regular Membership

— \$55 ASA 2009 Student Membership: _____
(signature of advisor/department head)

Make checks payable to the Appalachian Studies Association and mail to address below.

Appalachian Studies Association, One John Marshall Drive, Huntington, WV 25755