

**Adult Education Research Conference 2003
Registration Form
<http://www.sfsu.edu/~educ/AERC/aerc.html>**

This form may be downloaded from our website (<http://www.sfsu.edu/~educ/AERC/aerc.html>). It may returned via fax (415 338-0579) if you are paying by VISA or MasterCard. If you are paying by money order or bank draft, please mail the form to the address indicated below. Money order or bank draft (in US currency) should be made payable to: AERC 2003, San Francisco State University. Registration will be confirmed by email and/or an official letter.

NAME: _____

TITLE: _____

INSTITUTIONAL AFFILIATION: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ ZIP CODE: _____
COUNTRY _____

TELEPHONE: _____

FAX NO.: _____

EMAIL:ADDRESS: _____

SPECIAL NEEDS:

- Wheel chair access Visually Impaired
 Hearing impaired Dietary Restriction (i.e. vegetarian)

STUDENT STATUS CONFIRMATION: If you are registering for the reduced student rate, please complete the following:

Program _____

University: _____

Advisor's signature _____

CONFERENCE REGISTRATION

Early bird (received by April 15, 2003)

- Regular - \$180.00 _____
 Student - \$140.00 _____

Late Registration (received after April 15, 2003)

- Regular - \$195.00 _____
 Student - \$155.00 _____

PRE-CONFERENCE REGISTRATION

(To be announced before the end of December)

HOUSING: (If staying in University Housing, payment must be made with conference registration)

**SFSU MARY WARD OR MARY PARK HALL
STUDENT DORM:**

Single 56.96 per person per night x number of nights
Total _____

Double -32.00 per person per night x number of nights
Total _____

Other _____

Extra Copies of Conference Proceedings
_____ copies @ \$ 40.00 _____

OPTIONAL SITE SEEING TOURS

Fisherman's Wharf Tour, Saturday, June 7 _____
\$10.00 per person

Sonoma Winery and San Francisco Twilight Tour
June 8, \$50.00 per person _____

PLEASE REMIT: TOTAL AMOUNT DUE _____

METHOD OF PAYMENT (Sorry, we cannot accept personal checks; Discovery or American Express) **Do not mail cash.**

Money order or bank draft or VISA or Master Card only

Name on credit card: _____

Card No: _____

Expiration date: _____

Signature _____

Billing Address: _____

Mail Form and Payment to:

**San Francisco State University
College of Education
AERC 2003 Conference Registration
Attn: Alicia A. Jalipa
1600 Holloway Avenue
San Francisco, CA 94132-4158**