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 be 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