

2010 MAIE CONFERENCE REGISTRATION FORM

<u>INSTRUCTIONS:</u> Please circle your choice. DEADLINE: FEB 4, 2010	FULL CONFERENCE*	SINGLE DAY** (THURSDAY)	SINGLE DAY ** (FRIDAY)	CULTURAL NIGHT ONLY
CURRENT MEMBER REGISTRATION FEE	\$75	\$55	\$55	\$20
FIRST-TIMERS REGISTRATION FEE	\$70	\$50	\$50	\$20
STUDENT REGISTRATION FEE	\$70	\$35	\$35	\$16
VENDOR REGISTRATION FEE	\$250			
<i>* includes continental breakfast and lunch for each day, and cultural night dinner</i> <i>** includes continental breakfast and lunch</i>				

First Name: _____ Last Name: _____

Position/Title: _____

Institution/Organization: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

BILLING INFORMATION

Name on credit card: _____
First Last

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type: Visa Master Card American Express Discover

Credit Card Number: _____ Expiration Date (MM/YYYY): __ / ____

Permission to charge \$ _____ Signature of Credit Card Holder _____

Please mail/fax/email the completed registration form to Dr. Kathie Stromile Golden

**OFFICE OF INTERNATIONAL PROGRAMS, MISSISSIPPI VALLEY STATE UNIVERSITY,
 14000 HIGHWAY 82 WEST # 5209, MS 38941**

FAX: 662-254-3037 SCAN AND EMAIL: KSTROMILE@AOL.COM CHECKS PAYABLE TO: MAIE

For more information, please contact Dr. **Kathie Stromile Golden** 601-750-7318 / kstromile@aol.com

Feb 11 & 12, 2010 Mississippi Valley State University

2010 MAIE CONFERENCE REMOTE LOG-IN REGISTRATION FORM

<u>INSTRUCTIONS:</u> Please circle your choice. DEADLINE: FEB 4, 2010	FULL CONFERENCE*	SINGLE DAY** (THURSDAY)	SINGLE DAY ** (FRIDAY)	COST PER SESSION
REGISTRATION FEE	\$150	\$100	\$100	\$30
<i>* Session log in information will be emailed to you after the payment confirmation.</i>				

First Name: _____ Last Name: _____

Position/Title: _____

Institution/Organization: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

BILLING INFORMATION

Name on credit card: _____
First Last

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type: Visa Master Card American Express Discover

Credit Card Number: _____ Expiration Date (MM/YYYY): __ / ____

Requested Session Number(s): _____

Permission to charge \$ _____ Signature of Credit Card Holder _____

Please mail/fax/email the completed registration form to Dr. Kathie Stromile Golden

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