



**ACLA Annual Meeting 2008: Arrivals and Departures
April 24 - 27 – Long Beach, California**

CONFERENCE REGISTRATION FORM

Registration Information:

Title (Circle one): Mr. / Ms. / Prof. / Dr.

First Name(s): _____

Last Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

City: _____ ST: _____ Zip: _____

Country of Residence: _____

Telephone: _____ Email Address: _____

Institutional Affiliation / University: _____

Department / Program: _____

Presenters:

Are you presenting a paper? (Circle one) Yes No

Are you chairing a seminar? (Circle one) Yes No

Registration Options (Circle one):

Conference fee (includes business lunch):

Faculty/Staff (\$115.00)

Student (\$55.00)

Total amount due: _____

CHOOSE PAYMENT METHOD:

_____ Check (make payable to ACLA)

_____ Cash