

PARTICIPANT REGISTRATION FORM

IMPORTANT INFORMATION:

FEEs: Early Bird Registration Fee by August 4, 2008 - \$395

Registration fee after August 4, 2008 - \$495

Registrations after August 4, 2008 and walk-in registrations will be allowed only if space is available.

\$200 - One Day Fee

\$300 - Student Fee* and CSAP Fellow Fee

\$550 - Walk In Fee

- Lodging is not included in the conference registration fee. The reception, continental breakfasts, refreshment breaks, and the conference bag and materials are included in the registration fee.
- *Please provide official verification from your institution that you are enrolled in at least 6 credit hours during the Summer Semester of 2008 or 9 credit hours during Fall Semester of 2008 in order to qualify for the Student Fee.
- Cancellation/Transfer Policy: Cancellations must be in writing and postmarked by August 8, 2008 in order to receive a refund less the \$75 handling fee. Transfer of registration to another person is allowed at any time without penalty. **REFUNDS CANNOT BE AUTHORIZED FOR NO-SHOWS AND WILL BE BILLED AT CONFERENCE RATE.**
- Continuing Education Units (CEUs) may be earned at the rate of 1 CEU for 10 hours of attendance. Conference attendees will be awarded a certificate of 1.7 CEUs for 17 clock hours of attendance at this year's conference.
- For more information regarding registration, please contact Lynn Beard at (405) 325-1446 or beardl@ou.edu

Please print or type

Name (last) _____ (first) _____ (m.i.) _____

Badge Name (if different) _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Billing Address (if different from above):

Organization _____

Address _____

City _____ State _____ ZIP _____ Phone _____ Fax _____

Mail or fax registration by August 8, 2008 to:

College of Continuing Education Registration, The University of Oklahoma,

1700 Asp Ave., Rm B-1, Norman, OK 73072-6400

Phone: (405) 325-0816 Fax (405) 325-7164

SPECIAL NEEDS INFORMATION:

The College of Continuing Education and the University of Oklahoma are committed to making their activities accessible to persons with disabilities or special needs. If you anticipate a need for services, please notify Carol Shields, (405) 325-0563, at least three (3) weeks in advance of the conference.

Special Meal Request: Vegetarian Vegan Vegetarian
 Diabetic Kosher

Request for Sign Language interpreter (in order to assure adequate interpreters, please register by June 15, 2008.)

Request for Language interpreter (in order to assure adequate interpreters, please register by June 15, 2008)

METHOD OF PAYMENT:

Purchase Order (Copy of P.O. or letter of authorization required)

Check

Credit Card (check): VISA MasterCard AmEx Discover

Name on Credit Card _____

Credit Card No. _____ Exp. Date _____

Signature _____

Payable to: The University of Oklahoma FEIN 73-6017987

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