

2012 ARSC CONFERENCE REGISTRATION

Name: _____ This is my 1st ARSC conference _____

Institution (if applicable) _____ Position _____

Street Address _____

City _____ State _____ Country _____ Zip _____

Phone _____ Email (required for confirmation) _____

Conference Registration

Registration Category	Postmarked by April 24	After April 24	Subtotal
Member	\$150	\$175	
Member's Spouse / Partner	\$85	\$95	
Non-Members	\$175	\$200	
Student Members	\$75	\$85	
Student Non-Member	\$85	\$95	
One Day Only*: Thursday	\$75	\$75	
One Day Only*: Friday	\$75	\$75	
One Day Only*: Saturday	\$30	\$30	

*(Single day registration is good for one day only; two or more days requires full registration)

Pre-Conference Workshop Registration

Registration Category	Postmarked by April 24	After April 24	Subtotal
Member	\$75	\$85	
Non-Members	\$85	\$100	
Student Members	\$40	\$45	
<i>Copyright & Cultural Institutions: Guidelines for Digitization. Hirtle</i>	\$20 (book)	\$20 (book)	

Tours, Reception (Wed. night) and Closing Banquet (Sat. night)

Event	No. of Tickets	Price	Subtotal
Wed. Reception- Conference registrants		Free	
Wed. Reception - Guests		\$15 ea.	
Banquet – Stuffed Chicken Breast		\$40 ea.	
Banquet - Tilapia Florentine Roulade		\$40 ea.	
Banquet - Vegetable Napoleon		\$40 ea.	
Image Permanence Inst. (Wed. 3-5:30p)		\$10 ea.	

Join ARSC now and get the Member's Conference Registration Rate

Membership Category	Price	Subtotal
Individual (new membership or renewals)	\$45 (+\$15 CAN, MEX; +\$30 other countries)	
Student (full-time; provide proof of status)	\$20 (+\$15 CAN, MEX; +\$30 other countries)	
Institutional (may send 1 rep to conference)	\$75 (+\$15 CAN, MEX; +\$30 other countries)	
New Membership or Renewing Membership? <input type="checkbox"/> New <input type="checkbox"/> Renewing		

Total Enclosed (no refunds will be given after May 7)	TOTAL: \$
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If paying by credit card, please complete the following:

Visa MasterCard Discover AmericanEx; Card number: _____

Expiration date: _____ VIN (3-4 digit number on back of card) _____

First name on card: _____ Last name on card: _____

Billing address (if different from above): _____

Return this form (via mail, fax, email) with credit card info, check, or money order payable to ARSC to:

**Nathan Georgitis • 1299 University of Oregon • Eugene, OR 97403-1299 • Fax: 541-346-3485
nathang@uoregon.edu**