

## 2019 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 19	After April 19	Subtotal
Member	\$175	\$200	
Member's Spouse / Partner	\$100	\$110	
Non-Members	\$200	\$225	
Student Members	\$80	\$90	
Student Non-Member	\$100	\$110	
One Day Only*: Thursday	\$85	\$85	
One Day Only*: Friday	\$85	\$85	
One Day Only*: Saturday	\$35	\$35	

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

### Pre-Conference Workshop: All Things Digital: Digital Audio Workstation Basics (Wed. 9am-5pm)

Registration Category	Postmarked by April 19	After April 19	Subtotal
Member	\$75	\$90	
Non-Members	\$85	\$100	
Student Members	\$50	\$55	

### Reception (Wed. night) and Closing Banquet (Sat. night)

Event	No. of Tickets	Price	Subtotal
Wed. Reception- Conference registrants		Free	
Wed. Reception – Guests		\$20 ea.	
Sat. Banquet – Beef entrée		\$55 ea.	
Sat. Banquet – Chicken entrée		\$55 ea.	
Sat. Banquet – Vegan entrée		\$55 ea.	

### Join ARSC now and get the Member Conference Registration Rate

Membership Category	Price	Subtotal
Individual (new membership or renewals)	\$45 (+\$15 CAN/MEX; +\$30 all other countries; no extra postage for digital edition)	
Student (full-time; provide proof of status)	\$20 (+\$15 CAN/MEX; +\$30 all other countries; no extra postage for digital edition)	
Institutional (may send 1 rep to conference)	\$75 (+\$15 CAN/MEX; +\$30 all other countries; no extra postage for digital edition)	

<b>Total Enclosed (no refunds will be given after May 1)</b>	<b>TOTAL: \$</b>
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**If paying by credit card, please complete the following:**

Visa  MasterCard  Discover  AMEX Card number: \_\_\_\_\_

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

First name on card: \_\_\_\_\_ Last name on card: \_\_\_\_\_

Billing zip code (if different from above): \_\_\_\_\_

*Registrants agree to abide by ARSC's Anti-Harrassment Policy, available on the conference web site.*

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

**William Vanden Dries • ARSC Registrar • 2805 E. 10<sup>th</sup> St. Suite 180, Bloomington, IN 47408-2619**

**E-mail: [arscreg@gmail.com](mailto:arscreg@gmail.com) ; Fax: 812-856-0333**