

PRINT THIS FORM, FILL IT OUT AND MAIL IT WITH PAYMENT TO THE ADDRESS BELOW

**Registration form - CCSMI Conference
July 22-24, Calvin College, Grand Rapids, Michigan**

Name: _____
Last First Middle (Please print legibly)

Institution: _____
Do not exceed 30 characters, including spaces. Will appear on badge.

Mailing Address: _____

City, State/Province: _____

ZIP/Postal Code: _____

Country (if not U.S.): _____

E-mail address _____

Telephone Number: _____

Registration deadline: May 28, 2004

Registration fee of \$120 (\$90 if graduate student) includes opening reception and three lunches. After May 28, the late registration fee is \$140 (\$110 if graduate student). Please submit a separate form for each person registering for the conference.

Banquet: The concluding event for the conference will be a banquet held at Duba's restaurant on Saturday evening. This event is optional and not included in the registration fee. The cost is \$28 per person, which includes a full meal, taxes and gratuities. A cash bar will be available. If a spouse or guest(s) not registered for the conference will attend the banquet with you, please indicate the total number of persons attending and include the appropriate payment.

Payment enclosed: Registration fee: _____

Banquet \$28 x _____

TOTAL ENCLOSED _____

Mail form with payment to:

Carl Plantinga
CAS Department
DeVos Communication Center
Calvin College
1810 East Beltline Ave. SE
Grand Rapids, MI 49546-5951

Check or money order in U.S. Dollars **payable to Calvin College** must be sent with this form. A receipt for your payment will be included in the conference packet you will be given upon arrival.