



2009 Region 7 Fall Conference Registrant Form
November 19-20, 2009 Trinity University, San Antonio, TX

Please provide the following information (please print or type):

Preferred Salutation: Dr. Mr. Mrs. Ms. Miss

First Name: Last Name:

Title: Name on Badge:

Organization/Company/Institution:

Address:

City: State: Zip/Postal Code:

Phone: (Include area code) Fax:

E-mail: Web:

Meal Preference: Do you require vegetarian meals? Yes No

Emergency Contact Information: Who would you like us to contact in case of an emergency?

Name: Phone: (Include area code)

Cell: E-mail:

Payment Information:

ACCED-I Member: \$95.00 Non-member: \$115.00 Student: \$50

Method of Payment: Check #: Purchase Order #: (Payable to The University of Texas at El Paso)

Credit Card: (check one) Visa MasterCard Discover Amex

Table with 3 columns: Card Number, Expiration Date, Name on Card. Includes a row for Signature of Cardholder.

Mail or Fax this form along with your payment information to:

The University of Texas at El Paso
Union Services
500 W. University Ave.
Union East Building, Room 307
El Paso, TX 79968
Fax: 915-747-5289

For additional event information please contact Ofelia A. Dominguez at (915)747-7361 or email odominguez@utep.edu