

AERA (and NCME) ANNUAL MEETING - Chicago, IL, April 9-13, 2007

ADVANCE REGISTRATION FORM (may be photocopied)

Deadline: March 2, 2007

BADGE INFORMATION (Print legibly or type; use separate form for each registrant.)	NAME _____ <div style="text-align: center; font-size: small;">First Last</div> AFFILIATION/INSTITUTION _____
---	---

MAILING ADDRESS FOR BADGE AND HOTEL CONFIRMATION

Name _____ Check if this is a permanent change of address

Address _____ Please notify me regarding child care services.

City _____ State _____ ZIP _____

Country _____ Email: _____

Telephone (____) _____ Facsimile (____) _____ (Please include Country Code and City Code)

Cell (____) _____ Check if disabled, please attach note outlining specific needs and physician's note

AERA REGISTRATION	A	___	\$125 AERA Member	D	___	\$80 Non-Member Student
	B	___	\$ 50 AERA Student Member	E	___	\$30 Guest (Name _____)
	C	___	\$175 Non-Member	DH	___	\$ 5 Division H Breakfast

JOINT REGISTRATION - Use this box to register for both the AERA and the NCME Meetings

F	___	\$235 Member AERA & NCME	J	___	\$ 85 Student Member of AERA & NCME
G	___	\$295 Member AERA, not NCME	K	___	\$100 Student Member of AERA, not NCME
H	___	\$285 Member NCME, not AERA	L	___	\$115 Student Member of NCME, not AERA
I	___	\$345 Non-Member	M	___	\$130 Non-Member Student
BTS ___ \$25 NCME Breakfast			FT ___ \$20 NCME Fitness Run		

If you would like to make a donation to the **AERA Donation Fund for Gulf States Hurricane Relief**, please check one of the following boxes:

\$10 \$25 \$50

HOUSING INFORMATION: Arrival and Departure Dates (Must be completed): Arrival 4/___/07 Departure 4/___/07

Specific Hotel and Rate in order of preference: _____ **Room Preferences**

	<u>Hotel</u>	<u>Rate</u>			
1 st	_____	_____	___	Single (1 person)	___ 1 bed
2 nd	_____	_____	___	Double (2 people)	___ 2 beds
3 rd	_____	_____	___	Triple (3 people)	___ Smoking
			___	Quad (4 people)	___ Non-smoking
			___	ADA Room Request	

If sharing room, each person should complete a separate registration form and the group should complete one housing form. Send all forms at the same time. Below, list the name(s) and address of person(s) sharing the hotel room with you:

Registration fees must be sent with your housing form to AERA Housing and Registration. A \$175.00 USD hotel deposit must be sent with your housing form. If paying for Housing/Registration by check, please include separate checks for Housing and Registration. **For Housing:** Make check payments to Connections Housing. **For Registration:** Make check payments to AERA. Checks must be in USD, drawn on a U.S. bank. Registration and Housing will not be processed without required payment(s). There is a \$10.00 service fee for all international mailings. Wire transfers not accepted.

Please bill my credit card for **Housing/Registration** to: American Express MasterCard VISA

Name: _____ Card #: _____ Expires: _____

Signature: _____

When sending separate checks for Housing and Registration, please send them in one envelope. If checks arrive separately, they will be returned. Form and payments **must** be sent together. **Do not staple.** Mail completed form and check(s) to:
AERA Registration, c/o Expo Logic, 820 Parkway, Broomall, PA 19008. If paying by credit card, fax to **484-625-0024.**