

AERA (and NCME) ANNUAL MEETING — New York, NY, March 24–28, 2008
REGISTRATION FORM

BADGE INFORMATION (Print legibly or type; use separate form for each registrant.)

Name _____
First M.I. Last
 Affiliation/Institution _____

MAILING ADDRESS FOR BADGE AND HOTEL CONFIRMATION

Check if this is a permanent change of address.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Country _____ E-mail _____
 Telephone _____ Facsimile _____ Cellular _____

Check, if disabled. Please attach note outlining specific needs. Please notify me regarding child care services.

AERA REGISTRATION

___ \$205 AERA Member ___ \$145 Non-member Student ___ \$ 60 Guest (Name _____)
 ___ \$110 AERA Student Member ___ \$205 Non-member International
 ___ \$320 Non-member

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

___ \$370 Member AERA & NCME ___ \$165 Student Member AERA & NCME ___ \$610 Non-member
 ___ \$495 Member AERA, not NCME ___ \$210 Student Member AERA, not NCME ___ \$245 Non-member Student
 ___ \$485 Member NCME, not AERA ___ \$200 Student Member NCME, not AERA ___ \$370 Non-member International
 ___ \$25 NCME Breakfast ___ \$20 NCME Fitness Run

If you would like to make a donation to the **AERA Donation Fund** for a New York-area non-profit educational/community organization, please check one of the following boxes: \$10 \$25 \$50

HOUSING INFORMATION: Arrival and Departure Dates (Must be completed): Arrival 3/___/08 Departure 3/___/08

Specify Hotel and Rate in order of preference:

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

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:

1 _____
 2 _____
 3 _____

Registration fees must be sent with your housing form to AERA Housing and Registration. A hotel deposit equal to 1-night's room and tax must accompany 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 and purchase orders are 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.**