

# CUMU 8th Annual Conference Registration Form

## Badge Information

Mr.  Ms.  Dr.  Professor  Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

## Receipt Information

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

May we include this address on a participant list?  Yes  No

## General Information

Please list any special physical or dietary needs below.

- Vegetarian meals  
 Dietary restrictions \_\_\_\_\_  
 Special needs \_\_\_\_\_

## Social Events (included in the Conference fee)

Sunday reception  I will attend  I will not attend  
Monday banquet  I will attend  I will not attend

## Guest Registration (if applicable)

- I will be bringing a guest  
My guest's name is \_\_\_\_\_  
 I would like a separate receipt for my guest's registration payment  
*Please list guest's special needs (if any) below.*  
 Vegetarian meals  
 Dietary restrictions \_\_\_\_\_  
 Special needs \_\_\_\_\_

## Conference Fees

Please register me in the following pre-conference event on Sunday October 6, 9:00–11:30 am

- Pre-Conference Workshop (US \$25/CDN \$37.50)  
*Conducting Peer Urban and Metropolitan Institutional Analysis*  
 Urban Field Trip (US \$25/CDN \$37.50)  
*Walking tour of Vancouver—maximum of 50 participants*

*Note: These pre-conference events are scheduled to occur simultaneously.*

## Early Conference Fees

*To be eligible for the reduced fee, registration and payment must be received by Monday, September 16.*

- Coalition Member Fee (US \$400/CDN \$600)  
 Non-member Fee (US \$450/CDN \$675)  
 Third registrant from same institution (US \$300/CDN \$450)  
 Fourth registrant from same institution (US \$300/CDN \$450)

## Full Conference Fees

*Applies to registrations received after Monday, September 16.*

- Coalition Member Fee (US \$450/CDN \$675)  
 Non-member Fee (US \$500/CDN \$750)  
 Third registrant from same institution (US \$350/CDN \$525)  
 Fourth registrant from same institution (US \$350/CDN \$525)

## Guest Fee

- Guest Package (US \$100/CDN \$150 EACH)

**Total Payment** of \$ \_\_\_\_\_ in  US or  CDN dollars

## Method of Payment

- VISA  MasterCard  
 Cheque (payable to Simon Fraser University)  
 Purchase order number \_\_\_\_\_  
 Please invoice my institution at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_

Return your completed registration form with payment to:

Simon Fraser University  
c/o CUMU 8th Annual Conference  
Conference Services, Halpern Centre  
8888 University Drive  
Burnaby, British Columbia  
Canada V5A 1S6

or fax it to 604.291.3420