

ACHE South 2008 Spring Conference Registration Form

Contact Information

First Name _____ MI _____

Last Name _____

Job Title _____

Institution _____

Address _____

City _____ State/Province _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Would like my name to appear on ACHE South Listing Yes No

Please Register me for

ACHE Conference Registration \$240
Late fee \$50 will be added after March 1, 2008

Optional Registrations

Pre-conference Excursion - Clarksdale Blues Tour (and Dinner) \$50
Limited to first 45 registrants

Add a Non-Conference Guest to Registration \$60
Includes reception and meals

Memphis Beale Street Excursion (dinner on your own) \$10

To help us with our planning, please check all activities you plan to attend

Yes, I will attend the Monday afternoon anniversary reception.

Yes, I will attend the Monday reception.

Yes, I will attend the Monday dinner cruise.

Yes, I will Tuesday Breakfast.

Yes, I will attend the Tuesday awards luncheon.

Yes, I will attend the Wednesday breakfast.

Total Fees: \$ _____

Please Select Method of Payment

Credit Card Visa MasterCard
Card

Account Number _____ Expiration Date ____/____

Cardholder's Name _____

As appears on credit card _____

Purchase Order

Purchase Order Number _____

Check

Send Checks and Purchase Orders Payable to University of Mississippi

ACHE Registration

c/o Barbara Thompson

P O Box 879

University, MS 38677