

REGISTRATION FORM

Photocopy a separate copy of this form for each registrant. Please type or print the information requested. Mail a \$50 deposit (or \$145 if you are also registering for a tour), made payable to the University of Mississippi, to Faulkner and Yoknapatawpha Conference, Office of Outreach and Continuing Education, P.O. Box 1848, University of Mississippi, University, MS 38677-1848. Registration fees and membership contributions may also be charged to credit cards (MasterCard and Visa). For further information, please call 662-915-7283 or 662-915-5811.

PLEASE PRINT

Date _____ Individual Student Student Group Member SWSW High School Teacher Other

Name Mr./Ms. _____

Address _____

City _____ State _____ Zip _____

Occupation/Position _____

Institution/Organization _____

Home Telephone _____ Business Telephone _____

E-mail _____

I learned about the conference from _____

Please list any dietary restrictions or disability _____

For an additional fee you will be given an opportunity to spend Thursday, July 27, touring one of the areas listed below. Please indicate which tour you prefer, noting your first, second, and third choices. (Tours are an additional \$95, and prepayment in full must accompany your \$50 registration deposit.)

New Albany and Ripley Mississippi Delta Oxford (architecture) Oxford (overview)

I understand that a \$50 conference deposit fee is required at this point as well as a \$95 tour prepayment (if I have elected to register for a tour), that these payments are refundable (less a \$20 administrative charge) only if my request is made in writing and postmarked no later than July 9, 2016, and that the remainder of the fee will be payable at registration on July 23, 2017.

Signature _____ Date _____

STUDENT CERTIFICATION (to be completed by a department head or academic dean):

I hereby certify that _____ is currently enrolled in a degree program at _____.

Name _____ Position _____

Signature _____ Date _____

METHOD OF PAYMENT

Payment enclosed with check made payable to the University of Mississippi in the amount of \$ _____

Charge \$ _____ to my: Visa MasterCard

Account Number _____ Expiration Date _____

Signature _____

*Past participants: Please list the year(s) you attended _____

MEMPHIS AIRPORT RESERVATION FORM FOR UNIVERSITY SHUTTLE ONLY Due July 21, 2017

One form should be filled out for each person needing transportation. Please enclose a separate check for shuttle services. Copy as needed.

Name (last name first) Mr./Ms. _____

Airline _____ Flight Number _____ Arrival date/time _____

Airline _____ Flight Number _____ Departure date/time _____

Oxford Lodging Reservation Location _____

Fee: Round trip: \$135 One way: \$85

Payment enclosed by check or money order Charge my: Visa MasterCard

Card Number _____

Expiration Date _____ / _____ Signature _____

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