**ACAL 46**

**CONFERENCE REGISTRATION**

**University of Oregon**

**Eugene, Oregon USA**

**March 26th – 28th, 2015**

**Instructions**:

Use this form if *paying via check, money order, cash, wire transfer or onsite*. After completing the form, fax (541-346-5961) or email the form to conference organizers at acal.oregon.2015@gmail.com.

**Early Bird pricing** *only* if money is received at University of Oregon by February 24, 2015. Otherwise, regular pricing applies.

**Participant Information**

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

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

Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it should appear on badge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

**Registration** (Early bird registration ends February 24)

Students/Primary residence in Africa ☐Early Bird ($75) ☐Regular ($85)

All Others ☐Early Bird ($100) ☐Regular ($125)

**Payment Method**

I will be paying by mailing or wire-transferring in the following:

☐Check ☐Money Order

☐ Wire Transfer

I will be paying onsite at the conference with the following:

☐Check ☐Money Order

☐ Cash

**Check and Money Order**: Make Payable to University of Oregon. Send to Linda Campbell, Department of Linguistics, 1290 University of Oregon, Eugene, OR 97403 USA

**Wire Transfer**:

Beneficiary: Oregon State Treasury

Receiving Bank: U.S. Bank, 615 NE Liberty Street, Salem, OR 97301 USA

Routing Number: 123000220

Account Number: 153695031051

SWIFT Number: USBKUS44IMT

Purpose: ACAL conference registration for (your name)

Institution: University of Oregon

Department Name: Department of Linguistics

**Banquet**

Student/Primary Residence in Africa- ☐Attending ($25) ☐Not Attending

All Others ☐Attending ($25) ☐Not Attending

Bringing additional guest ☐Yes ☐No

 Additional Number of Guests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Restrictions (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receipt**

Once payment is received, a receipt will be provided either at the conference or by email.