MICHIGAN ACADEMY OF SCIENCE, ARTS, & LETTERS
ANNUAL MEETINGS    MARCH 4 & 5, 2005    EASTERN MICHIGAN UNIVERSITY

ADVANCED REGISTRATION FORM

Please use a separate form for each person registering. Duplicate this form as needed. For credit card payments, faxed copies are accepted by the Michigan Academy at 989-463-7970. Registration forms and payments can be mailed to the address below.

Michigan Academy
Centennial House
Alma College
614 W. Superior Street
Alma MI  48801-1599

Registration for nonpresenters must arrive at the Academy no later than February 14, 2005.

*Presenters must register by January 28. Check if presenting at the Annual Conference.

Name ________________________________________________________
Institutional Affiliation _________________________________________
Mailing Address _______________________________________________
City_____________________ State __________      Zip _____________
Phone ______________________ Email address_____________________

ADVANCED REGISTRATION FEES  (Note: On -site registration fees are $45/$80/$45.)

Academy Member Nonmember Student/Retired
$40    $75   $40   ____________

Registration Fee

Note: The “classroom fee” for nonpresenting undergraduate students in a group of five or more and attending with a Michigan Academy member is $10 per student. List student names on a separate sheet of paper.

$15 Buffet style Lasagna luncheon (Vegetarian option will be available)
Friday 12:00 - 12:50p.m.  Academy Program 1:00 - 1:45pm

Luncheon Fee

TOTAL ENCLOSED _____________

METHOD OF PAYMENT

☐ Check enclosed. Please make checks payable to the Michigan Academy.

☐ Fax (989-463-7970) with credit card payment (accepted only for credit card charge)

☐ Charge my Discover/MasterCard/Visa  (circle appropriate card and complete details)

Name of Cardholder_________________________ Card Number_________________________
Expiration Date_________ Amount authorized_________________________
Street Billing Address_____________________________________________________
3 Digit number located on back of credit card (for verification purposes)____________
Signature of Cardholder____________________________________________________