

SAC 2008 REGISTRATION FORM  
August 14-15, 2008 Sackville, New Brunswick, Canada

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check here if you do NOT want your contact information included in the workshop list of participants.

Check here if you are a full-time student.

CONFERENCE REGISTRATION: (Please check the appropriate box.)

Early Registration (by July 27): .....\$300. \$ \_\_\_\_\_

Full Registration (after July 27): .....\$400. \$ \_\_\_\_\_

Extra Banquet Tickets @ \$50 each:.....( ) x \$50. \$ \_\_\_\_\_

TOTAL AMOUNT PAYABLE:..... \$ \_\_\_\_\_

Notes: - The total amount must be paid upon registration.

- Receipt will be issued for the registration amount only.

Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

Method of Payment:  Credit Card  Cheque in Canadian funds  
(payable to "Mount Allison University")

Payment by Credit card (select one):  Visa  Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_(mo/yr)

Cardholder's signature: \_\_\_\_\_

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