

14th Berkshire Conference on the History of Women
University of Minnesota, Twin Cities
June 12-15, 2008

 Last Name First Name M.I.

 Institutional Affiliation Title/position

 Email Work Home

 Address

 City State Zip

 Daytime Phone FAX

I do **not** want my name on the registrant list for this conference for distribution to conference participants

REGISTRATION FEES: Registration Fee Total \$ _____

- I am on the program and have already paid the registration fee.
- I am a K-12 Teacher or NWHF conference attendee and wish to attend Saturday, June 15 ONLY \$50
- I am an exhibitor and am registering for meals/lodging only.

Early fees (postmarked on or before May 4, 2008)

- Full Registration Fee \$140
- Members of the Berkshire Conference of Women Historians \$125
- Students, Retired, Unemployed, Underemployed Fee \$85

Late fees (postmarked after May 4, 2008 or onsite)

- Full Registration Fee \$165
- Members of the Berkshire Conference of Women Historians \$150
- Students, Retired, Unemployed, Underemployed Fee \$110

LODGING: LODGING Total \$ _____

Attendee Residence Hall Accommodations (includes breakfast)

- \$40 – June 10 (Tuesday) \$40 - June 11 (Wednesday) \$40 - June 12 (Thursday)
- \$40 - June 13 (Friday) \$40 - June 14 (Saturday) \$40 - June 15 (Sunday)

 Name of Roommate who is registered for the conference (if applicable)

Most rooms are doubles. If you have not chosen a roommate, one will be assigned. Please indicate your gender for roommate assignment purposes: F M I prefer a floor with a single gender only

I need special dormitory accommodations – please note special need here: _____

Companion Residence Hall Accommodations [You must pay fees below for your companion.]

I am bringing a companion who will not be attending the conference. Name: _____

Companion Residence Hall Accommodations (includes breakfast)

- \$40 – June 10 (Tuesday) \$40 - June 11 (Wednesday) \$40 - June 12 (Thursday)
- \$40 - June 13 (Friday) \$40 - June 14 (Saturday) \$40 - June 15 (Sunday)

Residence Hall Residents Parking permit during stay \$9 – June 10 (Tuesday) \$9 - June 11 (Wednesday)

- \$9 - June 12 (Thursday) \$9 - June 13 (Friday) \$9 - June 14 (Saturday) \$9 - June 15 (Sunday)

MEALS:**Meals Total \$** _____**Attendee Meals**

- Free - Reception: June 12 (Thursday)
- \$10 – Lunch: June 13 (Friday) Free – Reception: June 13 (Friday) \$30 – Dinner: June 13 (Friday)
- \$10 – Lunch: June 14 (Saturday) \$10 Reception ONLY: June 14 (Saturday) \$30 – Reception AND Dinner: June 14 (Sat)

Companion Meals

- Free - Reception: June 12 (Thursday)
- \$10 – Lunch: June 13 (Friday) Free – Reception: June 13 (Friday) \$30 – Dinner: June 13 (Friday)
- \$10 – Lunch: June 14 (Saturday) \$10 Reception ONLY: June 14 (Saturday) \$30 – Reception AND Dinner: June 14 (Sat)

*NOTE: Your companion is not allowed to attend any other events than meals with payment of meal fees.***INTERNET ACCESS: (wireless/wired)****Internet Access Total \$** _____

- \$10 – Full Conference Internet Access

TOURS: (must sign up by June 2, 2008 so transportation can be arranged)**Tour Total \$** _____

- \$20 – Little Rapids Tour: June 12 (Thursday)
- \$10 – Alexander (and Anna Jenks) Ramsey House Tour: June 13 (Friday)
- \$10 – Mill City Museum Neighborhood Tour: June 14 (Saturday)

OPTIONAL DONATION:**Optional Donation Total \$** _____

(Additional tax-deductible donation to the Berkshire Conference of Women Historians to support the attendance of international scholars to the conference.)

- \$10 \$25 \$50

Grand Total \$ _____**Method of Payment**

- Enclosed is a check or money order payable to the University of Minnesota in U.S. funds that are drawn on a U.S. bank
- Please bill my organization (purchase order or letter of authorization attached)
- Please charge my UM cufs#: _____
- Please charge my ___ Visa ___ MasterCard ___ Discover/Novus ___ American Express

Card Number	Expiration Date	\$ Amount to Charge
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Name as it appears on card	Signature of cardholder
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HOW TO REGISTER:**Mail Registration to:**

CCE Registration + #181099
1420 Eckles Avenue Suite #20
St Paul, MN 55108

Or Fax to:

612-624-5359

Email:

cceconf5@umn.edu

Cancellation Policy

If you need to cancel your registration, a refund of your fee, minus a \$30 processing fee will be made if **written notice** is received by May 29, 2008. Cancellations after this date are not eligible for a refund. The University reserves the right to cancel the event if necessary and would issue a full refund.

EMERGENCY CONTACT:

Name of Emergency Contact (if you care to specify)

Emergency Contact Email or Phone Number