



REGISTRATION FORM

SVHE 85h Annual Meeting • July 22– July 26 2008

Society for Values in Higher Education
c/o Portland State University PO Box 751-SVHE, Portland, OR 97207-0751
phone: 503.725.2575 • fax: 503.725.2577 • email: society@pdx.edu • website: www.svhe.org

PERSONAL INFORMATION

PLEASE STATE NAME AS YOU WISH IT TO APPEAR ON NAMETAG

1st Registrant Information

First name	MI	Last name	Jr./Sr.
Mailing Address	City	State	Zip
Day-time phone #	Evening phone #	Email address	

2nd Registrant Information

First name	MI	Last name	Jr./Sr.
Mailing Address	City	State	Zip
Day-time phone #	Evening phone #	Email address	

Family Information:

Child Care Requested: (18 months to 18 years) YES NO

Child 1: First name	MI	Last name	Jr./Sr.	AGE (required)
Child 2: First name	MI	Last name	Jr./Sr.	AGE (required)
Child 3: First name	MI	Last name	Jr./Sr.	AGE (required)

SPECIAL NEEDS

Please Explain: (ADA/Dietary) _____

REGISTRATION FEES

- **EARLY BIRD:** received in office by June 1st – no exceptions.

Fellow _____ # of Fellows _____ X\$190= _____
Non-Fellow _____ # of Spouse/Adult Guests _____ X\$160= _____
Reacting to the Past Participant _____ # of Reactors _____ X\$160= _____
registration fee includes game materials for reacting to the past participants

- **AFTER JUNE 1ST**

Fellow _____ # of Fellows _____ X\$215= _____
Non-Fellow _____ # of Spouse/Adult Guests _____ X\$185= _____
Reacting to the Past Participant _____ # of Reactors _____ X\$185= _____
registration fee includes game materials for reacting to the past participants

Children under 18 = no registration fee

- **Designated Institutional Affiliate** # of representatives _____ X \$75= _____

**Name of Institution: _____

Subtotal of Registration Fees \$ _____

ROOM AND BOARD FEE

Room and Board covers 4 nights room and 3 meals per day

Dormitory Accommodations: (*Air conditioned, two rooms to a bath*)

Single # of adults _____ X \$365 (with bed linens provided) \$ _____

Single # of adults _____ X \$321 (bring your own bed linens) \$ _____

Double # of adults _____ X \$277 (with bed linens provided) \$ _____

Double # of adults _____ X \$237 (bring your own bed linens) \$ _____

Family Rate (Special Suite Rate - 2 parents with 2 children - **ONLY**): Flat \$400 (2 adults) **PLUS:**

MEALS

Adult (# of persons) _____ X \$125.00 = \$ _____

Children aged 5—9 _____ X \$60.00 = \$ _____

Children aged 10-18 _____ X \$110.00 = \$ _____

SUBTOTAL OF ROOM/BOARD FEES \$ _____

Room Mate Preference: Name _____

*Notice** CANCELLATIONS After June 15th will carry a contract fee of \$150.00 per room*

BOARD ONLY FEE

Commuter's Meal Fee:

Rooming off campus

taking 2 meals a day (lunch and dinner) on campus) # of persons _____ X \$83.00 = _____

taking 3 meals a day on campus) # of persons _____ X \$125.00 = _____

SUBTOTAL OF BOARD ONLY FEES \$ _____

REQUEST FOR FINANCIAL ASSISTANCE/SUBSIDY

(Subject to approval and availability of funds)

Requested amount \$ _____

Explanation of need: _____

I would like to volunteer to work during meeting for \$100 off registration (Grad students only) = (-\$ _____)

SUBTOTAL OF FINANCIAL ASSISTANCE \$ _____

CONTRIBUTIONS

Travel fund donation to assist Fellows in need \$ _____

Other Charitable Donation to SVHE \$ _____

SUBTOTAL OF CONTRIBUTIONS \$ _____

Please Total All Fees and Contributions \$ _____

Subtract "Assistance/Subsidy" \$ - _____

BALANCE DUE \$ _____

PAYMENT INFORMATION

Payment Type (If possible please pay by check) Check Enclosed Credit Card

Type of Card Visa MasterCard Discover American Express

Please note that a 4% charge will be added to all credit card payments

Name as it appears on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ / _____

Billing Address _____

Street

City

State

Zip

Authorized Signature _____

(Required for credit card processing)

Date

OFF CAMPUS ACCOMODATIONS—SPECIAL RATES TO SVHE

You are responsible to make all hotel reservations and payments yourself.

Spring Hill Suites Marriot

410 Lake Street

Elmhurst, IL 60126

630.782.6300 – phone

630.782.6303 – fax

www.marriott.com/chiem

Contact Amanda George

Group Code: SOCS

Cut off date: JULY 1 2009

Flat Rate \$100.00 per night

Local Shuttle by appointment

In House American Breakfast

Microwave, Frig & Coffee Maker

Indoor Swimming & Fitness Center

Wireless-High Speed Internet

Complimentary Parking

Only 20 Rooms Available

Morning Groups

1. Celebrating the Spiritual Search

Convener - Carol Ochs cochs@earthlink.net

Convener - Hal Jackson halamjac@ca.rr.com

2. Chords of Memory: The Cold War Spy Film

Convener - Jon Wiant wiantjc@earthlink.net

3. Forms of Autobiography

Convener- Mary Treanor mtreanor@valpo.edu or 574-233-5409

4. Historical Fiction Seminar 2009

Convener - Mary E. Papke (papke@utk.edu)

5. Popular Culture

Margie Jones margie8888@aol.com

6. Reacting to the Past-Darwin and the Copely Medal

★ Materials must be mailed to you ahead of time

We must know if you are planning on attending this session

Organizer -Dave Stewart dstewar2@csulb.edu

7. Theorizing Culture: Knowledgeable Consumers and Consuming Knowledge

Convener - Allen Dunn ardunn@utk.edu

Convener - Eric Bain-Selbo eric.bain-selbo@wku.edu

8. Understanding Africa

Convener - David A. Hoekema dhoekema@calvin.edu

Convener - Cheedy Jaja cjaja@mail.mcg.edu

For more details on each seminar please go to the SVHE website at www.svhe.org

Please list first, second and third Morning Group preference for each registrant

Registrant Name: _____

Choice #: 1st _____ 2nd _____ 3rd _____

Registrant Name: _____

Choice #: 1st _____ 2nd _____ 3rd _____

REACTING TO THE PAST AFTERNOON SESSION

The Trial of Anne Hutchinson: Liberty, Law, and Intolerance in Puritan New England

★ Materials must be sent ahead of time - We must know if you are planning on attending this session

Registrants Name _____