

2008 AAUP Annual Meeting and Workshops

June 25-29 • Le Centre Sheraton • Montréal

Please type or print clearly. Use one copy of this form per registrant. Register by June 3, 2008.

Name _____

Job Title _____

Press/Company _____

Address _____

City/State/Zip/Country _____

E-mail _____ Phone _____

Fees (check all that apply)

AAUP Members

Full Annual Meeting (June 26-29)

\$525 (includes all meals)

AAUP Member Commuter Rates

Thursday, June 26

\$100 (includes opening banquet)

Friday, June 27

\$200 (includes lunch)

\$160 (no meals)

Saturday, June 28

\$200 (includes lunch)

\$250 (includes lunch & closing buffet)

\$160 (no meals)

Pre-Meeting Workshops (June 25-26)

\$250 Acquisitions Workshop

\$200 Finances for Non Financial Professionals

Non-Members

Full Annual Meeting (June 26-29)

\$750 (includes all meals)

Non-Member Commuter Rates

Thursday, June 26

\$150 (includes opening banquet)

Friday, June 27

\$300 (includes lunch)

\$250 (no meals)

Saturday, June 28

\$300 (includes lunch)

\$370 (includes lunch & closing buffet)

\$250 (no meals)

Pre-Meeting Workshop (June 25-26)

\$280 Finances for Non Financial Professionals

Non-Members (Non-Profit)

Full Annual Meeting (June 26-29)

\$650 (includes all meals)

Non-Profit Commuter Rates

Thursday, June 26

\$130 (includes opening banquet)

Friday, June 27

\$260 (includes lunch)

\$220 (no meals)

Saturday, June 28

\$230 (includes lunch)

\$280 (includes lunch & closing buffet)

\$190 (no meals)

Pre-Meeting Workshop (June 25-26)

\$250 Finances for Non Financial Professionals

\$_____ Total

\$_____ Total

\$_____ Total

Special Needs

I have a disability that requires special accommodations to fully participate in the meeting.

Please describe: _____

A staff member will contact you to discuss your specific needs.

Vegetarian Meals Other dietary restrictions (describe) _____

Payment method (US Funds): Check Visa MasterCard American Express

Total \$ _____ Name on card _____

Card number _____ Exp. date _____

Billing zip code _____ Cardholder's Signature _____

Return by June 3, 2008 to:

AAUP Annual Meeting Registration

71 West 23rd St., Suite 901, New York, NY 10010

Fax: (212) 989-0275/0176

Questions? annualmeeting@aaupnet.org or (212) 989-1010 ext. 26