



# Conference Registration Form

## (1) CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## (2) REGISTRATION OPTIONS

Early-Bird Rate (through Jan 31st)	TBL Collaborative Members \$245	Non-Members \$265
Regular Rate (After Feb 1st)	TBL Collaborative Members \$260	Non-Members \$295
Student Rate		\$100
TBL 101 Pre-Conference Workshop (March 4, 2-5pm)		\$50
Meal Option: Vegetarian?		Yes / No

### **(3) PAYMENT OPTIONS**

Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Type:     MasterCard     Visa     American Express     Discover

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

**\* IF THE NAME OR BILLING ADDRESS ON THE CREDIT CARD IS DIFFERENT THAN THAT OF THE REGISTRANT, PLEASE FILL OUT THE FOLLOWING FIELDS:**

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_

Cardholder's E-mail Address \_\_\_\_\_

### **(4) MAKE PAYMENT PAYABLE TO "THE UNIVERSITY OF TEXAS AT AUSTIN"**

### **(5) SEND FORM AND PAYMENT TO:**

**FAX:**            (512) 471-0647

**MAIL:**        Registrar  
                  Thompson Conference Center  
                  The University of Texas at Austin  
                  P.O. Box 7879  
                  Austin, TX  
                  78713-7879

### **(6) PROBLEMS?**

Please call (512) 471-2938