

August 4-7

Monona Terrace ■ Madison, Wisconsin

Register online

www.uwex.edu/disted/conference

Register by phone

608-262-0810

Register by fax

1-800-741-7416 or
608-265-3163

Register by mail

DT&L Conference
The Pyle Center
Dept. 111
702 Langdon St.
Madison, WI 53706
U.S.A.

Please omit my contact information from the roster.

Please advise us at time of enrollment if you have a disability and require special accommodations. Requests are confidential. If you need this material in an alternate format, contact the conference manager at 608-265-4159 or the UWEX Affirmative Action Office at 608-262-0277.

UW-Madison provides equal opportunities in employment and programming, including Title IX requirements.

2009 Conference Registration

- Regular attendee (non-student, non-presenter)
 Full-time student* attendee

Optional Wednesday Activities

- Networking Luncheon** (Free with full-day or 2 half-day workshops)

WORKSHOPS Please indicate your first (1) and second (2) choices:

- Wednesday **FULL-DAY Workshops** (includes luncheon)

FD-1 FD-2 FD-3 FD-4

- Wednesday **MORNING Half-Day Workshops**

AM-1 AM-2 AM-3 AM-4 AM-5 AM-6
 AM-7 AM-8 AM-9 AM-10 AM-11

- Wednesday **AFTERNOON Half-Day Workshops**

PM-1 PM-2 PM-3 PM-4 PM-5 PM-6
 PM-7 PM-8 PM-9 PM-10 PM-11

- To register **ONLY** for the Wednesday workshops and **NOT** attend the conference, add \$35 per workshop.

Fee until 7/15	Late fee after 7/15	Amount
\$425	\$475	_____
\$240	\$290	_____
\$17	\$19	_____
\$175	\$190	_____
\$75	\$90	_____
\$75	\$90	_____
\$35/workshop		_____

Special dietary requests Vegetarian Other _____

TOTAL \$ _____

Friday events included in conference fee—please indicate if you will attend:

BRUNCH & Keynote Will attend Will **not** attend **DESSERT & Closing Panel** Will attend Will **not** attend

Name (please print) _____ Job title _____

Organization _____

Business address _____

City _____ State/Zip _____

E-mail address _____

Daytime phone _____ Fax _____

* To qualify for the **full-time student rate**, send a copy of your **student ID** and supply the following information:

Institution _____ Academic department _____

Payment method

P.O. or check enclosed (Payable in U.S. funds to UW-Madison) MasterCard VISA American Express

Cardholder's Name _____

Card No. _____ Expires _____

Birthdate: M ____ D ____ Y ____

Gender: Female Male

Are you enrolling primarily for career-related reasons?

YES NO

Occupational area:

02-Education

08-Public Administration (Government)

13-Other

Heritage:

1-African American

2-Asian/Pacific Islander

3-American Indian/Alaskan Native

4-Hispanic/Latino

5-White/Other

2009

Voluntary information to enhance UW programming