American Association for Corpus Linguistics (AACL 2009)

Conference Registration Form

AACL Fax Number 780-492-0806

1. PERSONAL INFORMATION:	
Last Name:	First Name:
Home Phone No:	Work Phone No:
Affiliation / Institution:	
Email Address:	
Please indicate which address is provided be	elow: Work Address Home Address
Address:	
City:	Province / State:
Country:	Postal Code/Zip Code:
2. REGISTRATION FEES:	
Registration Fees: Delegate \$175.00 (CAD) Student/Post Doc \$100.00 (CAD) Workshop Fee \$25.00 (CAD)	*Registration after August 31 st will be \$150 for Student/Post Doc and \$225 for Non-Student Delegates.
	*The registration fee includes the AACL Graduate Networking Evening for Graduate Students and Post Docs.
Student registration will not be considered w	rithout the following information:
1. Student ID Number:	
2. Name of Accredited Institution and Supervisor:	
Please note any dietary restrictions:	
3. PAYMENT INFORMATION:	
Please select your payment method: Vis	a MasterCard American Express
Name as it appears on credit card:	
Billing address of credit card:	
Card Number:	Expiry Date:
TOTAL PAYMENT: \$ (CAD)	
SIGNATURE : For those submitting their credit card information via fax or mail, please sign below:	

Registration forms with registration fees can be submitted the following ways: **EMAIL** to efrench@ualberta.ca. **FAX** to (780) 492-0806 attn: Elizabeth French. If outside North America, fax to 01-780-492-0806. **MAIL** to Department of Linguistics, 4-63 Assiniboia Hall, University of Alberta, Edmonton AB, T6G 2E7, Canada.

CANCELLATION POLICY: Notification of cancellation must be in writing (including fax and email). Cancellations prior to September 1st will be charged a \$30.00 processing fee. No refunds for cancellations after September 1st, 2009.