

Computational Modelling of Sound Pattern Acquisition (2010)

Conference Registration Form

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 below: Work Address Home Address

Address:

City:

Province / State:

Country:

Postal Code/Zip Code:

2. REGISTRATION FEES:

Registration Fees:

- Regular Registration \$70.00 (CAD)
 Student/Post Doc \$50.00 (CAD)

*Registration after January 5th will be \$75 for Student/Post Doc and \$100 for Regular Registration.

Student registration will not be considered without 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: Visa 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 in the following ways: **EMAIL** to phonmod@ualberta.ca. **FAX** to (780) 492-0806 attn: Alison Vickerman. 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.