

ArkACRAO Fall Meeting 2009
Rogers Arkansas
Embassy Suites
October 7-9, 2009



Registration Form

Name _____

Title _____

Institution _____

Registration Fee: **\$100** (conference meals included)

Please check all that apply:

I will be attending the pre-conference Registrar's Therapy workshop on Wednesday, October 7, 2009, 1:00-4:00 pm. **\$25 Fee**

This is my first ArkACRAO Fall Conference.

I prefer a vegetarian menu.

If you are bringing a guest, please mark the following appropriately and send additional funds for meals:

Meal	Number of Guests	Amount	Total
Wednesday Dinner		\$30	
Thursday Lunch		\$20	
		Total Guest Meals	

Contact the Embassy Suites for reservations \$109 conference rate

Our conference web page address is: <http://embassysuites.hilton.com/en/es/groups/personalized/XNAESES-CR1-20091006/index.jhtml>

Embassy Suites, Rogers: 479-254-8400

Mail Registration Form with check payable to ArkACRAO (Include \$100 registration, \$25 pre-conference workshop if applicable and guest meals if applicable):

Amy Thomas
University Registrar
Arkansas State University-Beebe
1000 Iowa Street
P.O. Box 1000
Beebe, AR 72012-1000