

**Registration Form for Erasing Boundaries
Symposium April 4-5, 2008**



Name: _____

Institution or organization: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Vegetarian or other special needs: _____

Please register me for the 2-day symposium: Registration fee includes Breakfast, breaks, lunch on Friday and Saturday and a Friday night reception. Dinner is on your own. Please indicate if you prefer a vegetarian meal or if you have other specific dietary needs.

Registration: check appropriate category

- Participant \$60 fee
- Student \$35 fee

Method of Payment: Please check one method

Pay online using a Credit Card (Visa or MasterCard only) at:
<http://www.esf.edu/erasingboundaries/>

Check payable to: **ESF College Foundation**
(Payment must be received prior to the event.)

Voucher or Purchase Order – (please provide the number) _____
(Payment must be received within 30 days after the event.)

RF account number _____ (ESF faculty, staff and students only)

Mail or Fax completed registration form with FULL PAYMENT to:

ESF Outreach, SUNY-ESF,
1 Forestry Drive, 221 Marshall Hall,
Syracuse, NY 13210 Fax: 315-470-6890

Cancellations/Refunds: Refunds will be given only until April 1. After that date, no refunds will be issued. Cancellations/requests for refunds must be **in writing** directed to the ESF Outreach Office; cancellations by phone will not be accepted. Substitutions are permissible at any time.