



## Conference Registration Form

*Use this form only if website registration is not available*

### Your Contact Information

*Information marked with \* is required. List information as it should appear in Conference Materials (name badge, mailings, public listings, etc).*

First Name\*:

Last Name\*:

Prefix

-blank- Professor Dr. Mrs. Ms. Mr.

Street Address\*:

City\*:

State/Province\*:

Zip Code\*:

Country\*

E-Mail address\*

*Note: Confirmation of your Registration and Payment Receipt will be sent to this E-Mail address.*

Work Phone\*

Cell/Home Phone

Institution/Affiliation\*

Department

Emergency Contact Name\*

Emergency Contact Phone\*

## Registration \*

*Registration Fee includes meals:*

*Breakfasts Thursday, Friday, and Saturday*

*Lunches Thursday, Friday, and Saturday*

*Dinners Thursday and Friday*

- AAAI Member (\$275)
- Faculty/Professional (\$325)
- Graduate Student (\$200)
- Companion (\$200. Not attending conference; Accompanying conference attendee for meals, per diem rate not available)

***Companion name:***

## Meal Preference

For yourself: No Preference Vegan Vegetarian Other (please specify): Other, please specify:

Your companion: No Preference Vegan Vegetarian Other (please specify): Other, please specify:

## Lodging

### Option 1

- Dormitory (details available on Lodging webpage)

Select date(s) to include in your dorm reservation:

- Wednesday night, July 12 (\$50)
- Thursday night, July 13 (\$50)
- Friday night, July 14 (\$50)
- Saturday night, July 15 (\$50)

*Companion Registration with Dorm Lodging option will be assigned a shared room (2 single beds in same room) where available, \$50 each bed per night.*

### Option 2

- Local Lodging with Conference Negotiated Rates

### Option 3

- Arrange Your Own

*Local Lodging Information (Options 2 and 3): Book directly with hotel, cost NOT included here;*

*Details available on the Lodging webpage*

## Conference Preferences

You do/ do not have my permission to post my name on the conference website and/or share with others attending this conference.

Accessibility Needs /-none-/ physical /visual /hearing

Please Specify Requirement/Request:

## Payment

*Cancellation Clause: Full refund minus a \$35 registration processing fee for cancellations on or before May 31, 2006. No refunds after May 31, 2006.*

**TOTAL payment** amount from selections above: \$

## Pay By Check Instructions:

Make checks payable to **Dartmouth College**

***Mail this Registration Form and check payment to:***

AI50 Conference

6035 Thornton Hall

Dartmouth College

Hanover, New Hampshire 03755 USA