

Fall Conference Pre-Registration Form

Workshops, Friday, November 4
Conference, Saturday, November 5, 2011
San Francisco State University

FLANC
LOGO

Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____

E-mail address: _____ phone: (____) _____

Institution: _____ Languages Taught: _____

Position: _____

Conference Fees

Please check the appropriate box:

<input type="checkbox"/> MEMBER \$40 FRIDAY WORKSHOP ONLY	<input type="checkbox"/> MEMBER \$40 FRIDAY WORKSHOP + SATURDAY CONFERENCE	<input type="checkbox"/> MEMBER \$40 SATURDAY CONFERENCE ONLY
<input type="checkbox"/> NON-MEMBER \$40 FRIDAY WORKSHOP ONLY	<input type="checkbox"/> NON-MEMBER \$40 FRIDAY WORKSHOP + SATURDAY CONFERENCE	<input type="checkbox"/> NON-MEMBER \$40 SATURDAY CONFERENCE ONLY
<input type="checkbox"/> STUDENT \$30 FRIDAY WORKSHOP ONLY	<input type="checkbox"/> STUDENT \$30 FRIDAY WORKSHOP + SATURDAY CONFERENCE	<input type="checkbox"/> STUDENT \$30 SATURDAY CONFERENCE ONLY
<input type="checkbox"/> BOXED LUNCH \$16 <input type="checkbox"/> HERBIVORE <input type="checkbox"/> CARNIVORE		

Choose 1 Friday Workshop: ___ #1 (AP Spanish) ___ #2 (French) ___ #3 (Technology)

Please check box if you are a FLANC member: if not, please enclose.....\$30

Please indicate national language association affiliation: _____

Please make checks payable to FLANC and send to:

Elisabeth Zermeño, FLANC
P.O. Box 92
Mt. Eden, CA 94557

Pre-Registration Deadline Postmarked by October, 28th, 2011
On-Site Registration Add \$20