

# 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 Zermeno, FLANC  
P.O. Box 92  
Mt. Eden, CA 94557

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