

Yes! Register me for the 25th Annual Four Corners Conference, "25 years of Excellence". **I understand that refunds will not be given after October 2, 2008.** (Conference proceeds are used in part to fund educational scholarships for qualifying attendees.)

	Early Registration	Late Registration (Accepted only at the conference on October 8 th)
Full Day Conference * (With lunch)	\$ 75	\$100
Full Day Conference * (Lunch not included)	\$ 65	\$ 90
Half Day Conference * (With lunch)	\$ 43	\$ 68
Half Day Conference * (Lunch not included)	\$ 33	\$ 58
Keynote Only * (Lunch not included)	\$ 25	\$ 50

Be sure to register early!!! A registration postmarked or received after October 2nd will be held until the day of the conference. You will be notified that you need to report to the late registration table to pay a \$25 late fee.

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone (Work): _____
 Phone (Home): _____
 Email: _____
 Employer: _____

Workshop Choices:

Please register me for the following workshops:

Session I: (Choose from Workshops 1-9)

1st choice _____ 2nd choice _____ 3rd choice _____

Session II: (Choose from Workshops 10-18)

1st choice _____ 2nd choice _____ 3rd choice _____

Session III:(Choose from Workshops 19-27)

1st choice _____ 2nd choice _____ 3rd choice _____

Lunch Choices:

I would like a meat entrée for lunch _____

I would like a vegetarian entrée for lunch _____

I will not be eating lunch _____

Registration Choices:

Please **mail** this registration form with Visa, Mastercard, Discover information or a check, purchase order or money order, payable to:

The Four Corners Conference
P.O. Box 6591
Farmington, NM 87499

or **deliver** it to the Community Learning Center at San Juan College, 4601 College Blvd., Farmington.

or **call** (505) 566-3461 to register by phone with Visa, Mastercard or Discover

or **fax** (505) 566-3687

Visa, Mastercard, or Discover

Credit Card Account # _____

Expiration Date _____

Cardholder's Authorizing Signature _____

Please let us know if you have need of the following special services while attending the conference; Signer for hearing impaired, guide for visually handicapped, special seating arrangement for wheelchair, other special need.

Please copy this form for multiple attendees!!

For office use only. Please do not write in this box.

Date received _____

Payment type Cash _____ Check _____ Credit _____ Money Order _____ Purchase Order _____

Complimentary/Reduced Yes _____ No _____
 Amb _____ Board _____ CoCh _____ ComMem _____ Exhib _____
 Man/Woman _____ Presenter _____ Scholar _____ Sponsor _____

Entered by _____ (initials)