

## Fax/Mail Registration Form

Fax to: 305-393-8193 (PH: 239-514-3081) Mail to: ICOSA, PO Box 2265, Bonita Springs, FL 34103

Enter below the number of people and appropriate amounts for registration fees and meals (see left panel for instructions on reserving sleeping rooms). All fees are per person. Full-time students may take the indicated discount (bring student ID to registration). Please pay in U.S. dollars drawn on a U.S. bank, with an international money order in U.S. dollars, or Visa or MasterCard. Your contributions will help ex-members/students needing financial assistance to attend. See **discount** columns for **early registration** fees. Don't forget credit card information at the bottom. Fax, mail, or e-mail this form to International Cultic Studies Association (ICOSA), P.O. Box 2265, Bonita Springs, FL 34133 (fax: 305-393-8193; e-mail: mail@icsamail.com). Conference programs begin promptly. Evenings are free for socializing or optional programs. Arrive at least 30 minutes early for registration. Full refund up to 30 days prior to conference; partial refund thereafter (contact ICOSA). The conference program is subject to change. Please **print neatly**.

No. People	Item	Register by 3/1/10	Register 3/1/10 - 5/1/10	Register After 5/1/10	Calculate Amount Due
	<b>If you will attend a Thursday workshop</b> , select the workshop here: [ ] ex-member [ ] Families/Others [ ] mental health [ ] Research				
	<b>ICOSA Members (2 or 3 days)</b>	\$150	\$175	\$200	\$
	<b>Non-Members (2 or 3 days)</b> <i>Includes free membership</i>	\$225	\$250	\$275	\$
	<b>Daily registration</b> - specify day(s): TH [ ] FR [ ] SA [ ]	\$125	\$140	\$155	\$
	<b>Full-time students</b>	\$ 50	\$ 75	\$100	\$
	<b>Sunday Social Event</b> (description at left)	To be Announced			\$
	<b>Meals</b> (total amounts for each meal and day) <i>There will be speakers for lunches and dinners.</i>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	
	<b>Breakfast</b> (\$18 / day)				
	<b>Lunch</b> (\$30 / day)				
	<b>Dinner</b> (\$40 / day)				
<b>Contribution</b>	\$	<b>Total Amount</b>			\$
<b>Payment Method:</b> _____ Check (U.S. Funds drawn on U.S. bank or money order) _____ Visa _____ MasterCard					
Number:		Exp. Date:			
Name(s):					
Address:					
Address (Cont.):					
City/State/Zip/Country:					
Phone(s)/Fax:					
<b>E-Mail(s) (Important!):</b>					