



2007 ASOR ANNUAL MEETING REGISTRATION

NOVEMBER 14 - 17 ♦ SAN DIEGO, CA

Supersaver Registration Deadline: October 1, 2007
Register online at www.asor.org/AM/preregsecure.html

JERUSALEM ♦ AMMAN ♦ NICOSIA ♦ BAGHDAD ♦ DAMASCUS

MEMBER ID # _____
 Or MEMBER INSTITUTION NAME _____
 Check box if you have applied for membership in the past 10 days

Last Name _____ First Name _____
 Institution (for name badge) _____
 Mailing Address _____
 City _____ State _____ Postal Code _____ Country _____
 Home Tel. _____ Work Tel. _____ Fax No. _____ Email _____

REGISTRATION FEE [circle appropriate fee]:

2007 membership dues must be paid prior to registration to receive member rates.

| | <u>Supersaver</u> (ends Oct. 1) | <u>Advance</u> (Oct. 2 - Nov. 2) | <u>Regular</u> (Nov. 3 - Nov.17) |
|-----------------------------|---------------------------------|----------------------------------|----------------------------------|
| Nonmember | \$ 200 | \$ 210 | \$ 225 |
| New Associate Member + Reg. | 150 | 175 | 200 |
| Member | 125 | 150 | 175 |
| Retired | 95 | 115 | 140 |
| Student | 70 | 85 | 100 |
| Spouse/Partner | 80 | 90 | 100 |
| 1-Day Member | 85 | 100 | 135 |
| 1-Day New Assoc.Member | 85 | 100 | 125 |
| 1 Day Nonmember | 100 | 125 | 150 |

* Spouse/Partner rates applicable only if member and spouse/partner register together on same form.

S/P's Name: _____ S/P's Institution: _____

PAYMENT:

Please bill my Mastercard Visa for \$ _____
 Card Number _____
 Expiration Date ____/____
 Zip Code of Billing Address _____
 Name of Card Holder _____
 Signature _____
 My check is enclosed in the amount of \$ _____

MAIL FORM TO :

ASOR at Boston University
 656 Beacon St., 5th floor
 Boston, MA 02215-2010

FAX FORM TO : 1-617-353-6575

QUESTIONS :

Phone: 617-353-6570
 Email: asor@bu.edu

TAX DEDUCTIBLE CONTRIBUTIONS: \$100 \$50 \$25 Other \$ _____