

WACE 10th International Symposium on Cooperative & Work-Integrated Education

Hosted by
UNIVERSITY WEST

REGISTRATION

Please send completed form via fax: 978-934-4084
Or Postal Mail: WACE ▪ 600 Suffolk Street ▪ Suite 125 ▪ Lowell, MA 01854 U.S.A.

*Please register at your earliest convenience,
as the International Symposium Registration is limited to the first 110 paid delegates.*

Registrant's Information

PLEASE CHECK HERE IF THIS IS YOUR FIRST WACE EVENT.

Honorific: Ms. Mrs. Mr. Dr. Prof.

First Name: _____

Last Name: _____

Name to Appear on International Symposium Badge (*if* different than above):

Job Title / Designation: _____

University / Organization: _____

Mailing Address: _____

City

State / Province

Country

Postal Code

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Registrant Payment

Please note that all monetary values are in USD.

Host Registration

Host Institution: \$300 USD (any delegate from University West)

Registration

WACE Global Partner Rate: \$475 USD

WACE Member: \$525 USD

Non-WACE Member: \$650 USD

Other Registration Types

Student Delegate: \$250 USD

Guest: \$250 USD (*Includes: opening reception; three luncheons; morning & afternoon teas; and Gala Dinner.*)

Number of Guests: _____

Please provide the Guest(s)'s name(s): _____

Please include the Guest's payment with your payment.

(OPTIONAL) Boat Trip to Bohuslän on Wednesday, June 4 (LIMITED TO THE FIRST 50 PAID PEOPLE)

Boat Trip: \$150 USD

YOUR TOTAL PAYMENT: \$ _____ USD

Payment Method

Credit Card *(We accept MasterCard and Visa)*

Credit Card Number: _____

Expiration Date: ____ / ____
(month) (year)

Name on Card: _____

Billing Address: Same as Above Mailing Address

Other

Billing Address: _____

_____ City

_____ State / Province

_____ Country

_____ Postal Code

Check

Please make checks payable to: WACE

Mail to: WACE / 600 Suffolk Street / Suite 125 / Lowell, MA 01854 / USA

Bank Transfer

Please contact WACE Secretariat for our banking details.

Cancellation Policy

Cancellation fee \$50 USD prior to May 1, 2014.

No refund after May 1, 2014.

There will be a \$50 USD charge for all returned checks.

Forms without payment will not be processed until payment is received.

Other

Please indicate any dietary or other requirements here: _____