

WACE's Second

# INTERNATIONAL RESEARCH SYMPOSIUM



JUNE 12 - 15, 2016



## WACE International Research Symposium 2016 Online Registration - Registrant Information

E-Mail Address:

Click here if you DO NOT want your email address to be listed on the Participants Roster for the Symposium

Use

Do Not Use

How did you learn about this WACE event?

Is this your first WACE Event?

Yes

No

Honorific

First Name:

Last Name:

Name to Appear on Conference Badge:  
(If different from above)

Job Title / Designation:

University / Organization:

Mailing Address:

City:

State / Province:

Country:

Postal Code:

Telephone Number:

Fax Number:

Please indicate any dietary or other requirements here:

### Registration Fees

(Please note that all monetary values are in USD.)

#### Registration

WACE Global Partner Rate: \$490 USD

\$

USD

*(this registration fee pertains to the 45 WACE Global Partner Institutions only, please see WACE website for current list)*

WACE Member: \$560 USD

Non-WACE Member: \$690 USD

#### Other Registration Types

Student Delegate: \$250 USD

\$

USD

Guest: \$250 USD (Per Guest)

\$

USD

*(Includes: opening reception; three luncheons; morning & afternoon teas; and Gala Dinner)*

If yes, please provide the Guest(s) name(s):

Please indicate any dietary or other requirements for Guest(s) here:

**TOTAL SYMPOSIUM REGISTRATION CHARGES:**

\$

USD

**ATTENTION: Please Remember to Press "Calculate Total Charges" button above to verify final charges total.**

**Payment Method**

**ATTENTION: Payment by Credit Card REQUIRES ALL BILLING ADDRESS INFORMATION TO BE FILLED IN!**

Please Select Desired Form of Payment:  
(See Instruction Below Regarding Payments)

Credit Card Number (MasterCard or Visa Only):

Expiration Date (mm/yyyy):

Name on Card:

Billing Address (if different from above):

City:

State / Province:

Country:

Postal Code:

World Association for Cooperative Education WACE  
WACE Federal Tax ID # 04-327917

If Paying by Check Submit Online Registration Form or Print Form (Link Above) and Send Payment to:  
WACE  
600 Suffolk Street  
Suite 125  
Lowell, MA 01854 U.S.A.

Please make checks payable to: WACE

Forms received without payment will not be processed until payment is received. Cancellation fee \$50 prior to May 12, 2016.  
No refunds after May 12, 2016. There will be a \$50.00 charge for all returned checks.

For Bank Transfer and our banking information or Registration questions,  
please contact Marty Ford @ Marty\_Ford@uml.edu