Registration Form

Society of Appalachian Historians • 2019 Meeting • May 19-21

The University of Virginia’s College at Wise • Abingdon, Virginia

|  |  |
| --- | --- |
| Full Name | Dr. Mr. Ms.  |
|  | (Please circle/indicate title) Last First Middle Initial |
| Name  (to appear on name tag) |  |
|  |  |
| Institution |  |
|  |  |
| Address 1 |  |
|  |  |
| Address 2 |  |
|  |  |
| Address 3 |  |
|  |  |
| City |  |
|  |  |
| State |  |
|  |  |
| Zip Code |  |
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|  |  |
| E-mail |  |
|  |  |
| Phone |  |
|  |  |
| I plan to attend the May 20 dinner. | (please circle one) Yes No  |
|  | If you plan to bring a non-registered guest/guests to dinner: | Number of guests |  |
|  |  |
|  |  |
| (For graduate students only) |
|  |  (Please circle one of the categories below.) |
| M.A. program Ph.D. program A.B.D. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Institution |  |
| Major Advisor |  |
|  |  |
| Area(s) of Research:  |  |
|  |  |
| Registration Fees/Payment | Office Use Only |
| Standard ($40.00) |  | Date Form Rec’d |  |
| Graduate Student ($10.00) |  | Date Payment Rec’d |  |
| Unregistered Guest(s) for dinner ($20.00 x no. of guests) |  | Payment Amount |  |
| **Total** |  | Check No. |  |

Please attach completed registration form to an email and send to sah@etsu.edu or print and mail to: SAH, East Tennessee State University, Department of History, P.O. Box 70672, Johnson City, TN 37614. Payment should be made by check mailed to the above address. Please make checks payable to: The Society of Appalachian Historians. All completed, received registration forms will generate an electronic acknowledgement of receipt. Official receipts may be obtained at the meeting upon registration/check-in.