

Registration Form

ARCHAEOLOGICAL INSTITUTE OF AMERICA & SOCIETY FOR CLASSICAL STUDIES

ANNUAL MEETING JANUARY 8-11, 2015 NEW ORLEANS, LA

AIA/SCS 2015 Registration
C/O Showcare Event Solutions
1200 G Street NW, Suite 800
Washington, DC 20005-6705
Fax: (514) 380-5375
Joint Annual Meeting Call Center: (514) 380-5387
E-mail: aia-scs@showcare.com

REGISTRANT INFORMATION *Please print or type. List name and affiliation as you want it to appear on your badge.*

Last Name _____ First Name _____
Institution / Affiliation _____
Mailing Address (☐ Institution ☐ Home) _____
Daytime Phone: _____ Fax: _____
E-mail Address: _____ Spouse/guest name (if attending): _____
Emergency Contact Information (Name and Phone Number) _____
☐ Please check here if you have a disability or require special accommodations to attend the Annual Meeting

AFFILIATION

Part A: (Check one only) SCS Member ☐ AIA Member ☐ AIA/SCS Joint Member ☐ Non-Member ☐
Part B: (Non-members, please circle which one (1) complimentary program you would like to receive) SCS AIA
Part C: (Please check all that apply) Avocational member ☐ This is my first Joint Annual Meeting ☐

FEES

* REGISTRATION	On/before November 14, 2014	After November 14, 2014	
<input type="checkbox"/> Member SCS or AIA	\$130	\$175	\$ _____
<input type="checkbox"/> Non-Member	\$215	\$260	\$ _____
<input type="checkbox"/> Student Member	\$50	\$65	\$ _____
<input type="checkbox"/> Student Non-member	\$100	\$120	\$ _____
<input type="checkbox"/> Spouses/Guests/Add'l Exhibition Booth Personnel	\$60	\$80	\$ _____
<input type="checkbox"/> One-day registration (circle) 9th 10th 11th	\$100	\$120	\$ _____
<input type="checkbox"/> One-day Exhibit Hall Pass (circle) 8th 9th 10th 11th	\$35	\$50	\$ _____
<input type="checkbox"/> EAA Member	\$130	\$175	\$ _____
Total Registration Fees			\$ _____

* SPECIAL EVENTS	No. of Tickets	
<input type="checkbox"/> Opening Night Reception (T.B.A.) January 8, 7:00-9:00 p.m.	@ _____	\$30 ea. (student fee \$24 ea.) \$ _____
<input type="checkbox"/> SCS Minority Student Scholarship Fund-Raising Raffle	@ _____	\$10 ea. or 3 for \$25 \$ _____
<i>Raffle will take place immediately prior to the opening of the Exhibition Hall on Sunday, January 11th</i>		
Total Special Event Fees		\$ _____

* ANNUAL FUND CONTRIBUTIONS

Additional Donation to SCS Annual Giving Campaign \$ _____
Additional Donation to AIA Annual Giving Campaign \$ _____
Additional Donation to AIA Site Preservation Fund \$ _____
Additional Donation to AIA Student AM Participation Fund \$ _____
Total Annual Fund Contributions \$ _____

* PUBLICATIONS

SCS and AIA members who attend the Meeting will receive their respective Association's Programs in New Orleans at no charge.
(SCS members not attending can obtain a Program free of charge by making a written request to the SCS office in Philadelphia.)

<input type="checkbox"/> Abstracts _____ copies SCS _____ copies AIA	@ \$12 each	\$ _____
<input type="checkbox"/> Program _____ copies SCS _____ copies AIA	@ \$8 each	\$ _____
<i>(If NOT attending the annual meeting, send your publications order to the SCS or AIA Office. Be sure to include postage PER ITEM: \$5 in North America; US \$8 elsewhere.)</i>		
Total Publications Cost		\$ _____

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT METHOD

☐ VISA ☐ MasterCard ☐ Check payable to AIA/SCS Annual Meeting. Checks must be drawn on a US bank, payable in US dollars. There is a \$20 service charge for all returned checks.
Card Number _____ Expiration Date _____
Cardholder's name (please print) _____
Cardholder's Signature _____
Billing Address (☐ check box if different from mailing address) _____

PLEASE NOTE: All cancellations must be made IN WRITING or via E-MAIL directly to SHOWCARE EVENT SOLUTIONS. Requests must be RECEIVED by December 19, 2014, and are subject to a \$15 administrative fee.