

**Council of Writing Program Administrators  
Summer Conference  
Minneapolis, MN, July 16-19, 2009**

Registration Form  
(Checks only)

Contact Information

Full name: \_\_\_\_\_  
*Last First M.I*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Affiliations (college, University, company, etc.) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State*

**Please choose one of the following registration options:**

- \_\_\_\_\_ Conference only, \$295 +\$20 late fee: **\$315** (includes 7 meals)
- \_\_\_\_\_ Conference only, Graduate Student rate, \$150 +\$20 late fee: **\$170** (includes 7 meals)
- \_\_\_\_\_ Conference only, Adjunct/Part-time rate, \$150 \$150 +\$20 late fee: **\$170** (includes 7 meals)

Make checks payable to: University of Minnesota

Return form and payment to: Tim Gustafson  
180 Wesbrook Hall  
77 Pleasant St SE  
Minneapolis MN 55406