

NYCAS 05 PREREGISTRATION FORM

Deadline for Presenter Preregistration and Payment—July 15, 2005

PRINT OUT THIS FORM AND MAIL OR FAX TO ADDRESS ON SECOND PAGE

First Name _____ Surname _____

Institutional Affiliation _____

E-Mail Address _____

Mailing Address _____

City _____ State _____ Zipcode _____ - _____

Office Phone: _____ Home Phone: _____ Fax : _____

Discipline & Region of Interest: _____

Are You A Member of the Association for Asian Studies? Yes ____ No ____

PLAN A-FACULTY/OTHER **\$100 COMPLETE PACKAGE** _____
PLAN A-GRAD STUDENT **\$ 75 COMPLETE PACKAGE** _____

2-day Registration;
Friday, September 30: Reception; Dinner, Evening Musical Performance
Saturday, October 1: Continental Breakfast, Refreshments, Lunch
Includes \$10 NYCAS Membership

PLAN B-FACULTY/OTHER **\$75 FRIDAY-ONLY PACKAGE** _____
PLAN B-GRAD STUDENT **\$55 FRIDAY-ONLY PACKAGE** _____

1-day Registration
Friday, September 30: Reception; Dinner, Evening Musical Performance
Includes \$10 NYCAS Membership

PLAN C-FACULTY/OTHER **\$70 SATURDAY-ONLY PACKAGE** _____
PLAN C-GRAD STUDENT **\$45 SATURDAY-ONLY PACKAGE** _____

1-day Registration
Saturday, October 1: Continental Breakfast Refreshments, Lunch
Includes \$10 NYCAS Membership

PLAN D REGISTRATION ONLY (No Meals)

Faculty/Other **\$55** _____
Graduate Student **\$35** _____

2-Day Registration; Continental Breakfast, Reception; Refreshments
Includes \$10 NYCAS Membership

Extra Tickets for Evening Musical Performance (Note number required @ \$7.50 each) _____ X _____

TOTAL _____

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**WHEN REGISTERING BY MAIL or FAX,
PRINT OUT BOTH PAGES OF THIS FORM**
Please indicate your form of payment Check ____ or Credit card ____

**MAIL with a CHECK payable to “Campus Auxiliary Services NYCAS 05”
Don't forget to include the check if you are paying by check!**

OR

To pay by CREDIT CARD, indicate the following

Circle One: Visa or MasterCard # _____

Expiration Date: _____ Name on Card: _____

**Attn: Jennifer Piren--NYCAS
Conference Services HAB 63
SUNY New Paltz
75 S. Manheim Blvd.
New Paltz, New York 12561-2499**

OR

Fax BOTH Pages of the Form to 845-257- 3036 (Attn: Jennifer Piren)

PLEASE SELECT YOUR CHOICE OF ENTREE:

Friday Dinner:

Mesclun salad (baby greens, cherry tomatoes, cucumbers, shredded carrots) with balsamic vinegar;
All entries served with fall squash medley and wild rice
Gourmet butter cookies. Coffee (regular or decaffeinated) or tea

Choose one of the following 3:

____ Chicken Marsala (Sautéed breast served w/ demi-glace and Marsala wine sauce w/ mushrooms)

Or

____ Portobello Napoleon (layered with green & yellow squash and red pepper) **with** boursin cheese

Or

____ Portobello Napoleon (layered with green & yellow squash and red pepper) **without** boursin cheese

Saturday Luncheon Buffet (Choose your favorites to help planning-not limited to one choice)

____ Chicken Thai salad ____ Cheese tortellini with pesto sauce ____ Seasonal fresh fruit salad
Luncheon includes baked rolls & butter; assorted cookies & fudge brownies; apple cider & ice tea.

Special Requests

If you have special dietary restrictions or needs, please specify below (**note that there is a vegetarian and a vegan entrée above for each meal**).

Only a limited number of tickets for conference meals and the Friday evening cultural program will be available to those who do not preregister

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Undergraduate Students May Attend Panels At No Charge