



Registration Form
40th Annual HERA Conference
October 8 – 11, 2006



Our 40th Anniversary:
Celebrating Our Past and Creating Our Future
Statler Hotel, Cornell University
Ithaca, New York

Program and lodging information: www.housingeducators.org

Full Name: _____ (First name for badge) _____

University/Organization: _____

Preferred Mailing Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____ **Telephone:** (____) _____ **Fax:** (____) _____

Email: _____

CONFERENCE FEES

1. **Registration Fees** (All fees listed in U.S. Funds.) Includes reception, 3 lunches, breaks, banquet, and proceedings.

PLEASE CHECK APPROPRIATE REGISTRAION FEE:	POSTMARKED & PAID	
	BEFORE/ON SEPTEMBER 8	AFTER SEPTEMBER 8
HERA Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$280
Nonmember (includes new membership discount)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$305
Nonmember	<input type="checkbox"/> \$260	<input type="checkbox"/> \$280
Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180
		\$ _____

If you received a scholarship, check Do not pay a registration fee. Still complete this registration form.

2. **Indicate tour interest:**

Wagner Vineyards: tour of winery and brewery (includes wine tasting) # _____ x \$25 = \$ _____

3. **Guest Lunches** Indicate number for each day: ___ Mon ___ Tues ___ Wed: total number x \$20 = \$ _____

Print full name of guest(s): _____

4. **Guest Banquet (Monday)** Indicate number of guests: ___ total number x \$35 = \$ _____

Print full name of guest(s): _____

5. **Payment of 2006 HERA Membership Dues:**

Active/Affiliate \$85 Student \$35 Emeritus (over 65) \$45 [outside US add additional \$10] \$ _____

TOTAL ENCLOSED: \$ _____

Count me for lunch: Mon Tues Wed Vegetarian meals required: Self Guest(s)

Count me for banquet (Monday) Vegetarian meal required: Self Guest(s)

Please list any ADA Special Needs: _____

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than September 22, 2006. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **Cornell University**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard Expiration Date: _____

Card #: _____ Print Cardholder Name: _____

Please mail or fax completed registration form with payment to:

Phone: (607) 255-2145

FAX: (607) 255-0305

Email: JL27@cornell.edu

Do not email credit card information because security cannot be guaranteed.

Please fax or telephone credit card information.

2006 HERA Conference
Joseph Laquatra
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Cornell University
Ithaca, NY 14853-4401