COMPLIMENTARY REGISTRATION FORM

Courtesy of _____

STEP 1 TYPE OR PRINT YOUR NAME, ADDRESS, PHONE NUMBER AND E-MAIL ADDRESS All fields are required

FIRST NAME _____ LAST NAME _____ TITLE _____

INSTITUTION/COMPANY _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP/POSTAL CODE _____

COUNTRY _____ DAYTIME PHONE _____ FAX (OPTIONAL) _____ E-MAIL* _____

* Your email is used to communicate with you about your conference registration, related products and services, as well as offers from select vendors. Refer to our Privacy Policy, http://www.1105media.com/privacy.aspx, for additional information.

STEP 2 CONFERENCE PRICING

	EARLY BIRD THROUGH JUNE 26	REGULAR AFTER JUNE 26
☐ Conference Registration		
☐ Pre-Conference Workshops & Conference Registration	$200	$200

☐ **CHECK ENCLOSED** (payable to 1105 Media/Campus Technology 2009)

☐ **CREDIT CARD** ☐ VISA ☐ MASTERCARD ☐ AMEX NUMBER _____ EXP. DATE _____ CVV2 NUMBER _____

Print Name as it Appears on Your Credit Card: _____ Signature: _____

STEP 3 DEMOGRAPHIC QUESTIONS

Please tell us where you work:

☐ 4-year college ☐ Vocational institution
☐ 2-year college ☐ Government Organization
☐ Other (please specify) _____

How did you hear about Campus Technology 2009?

☐ Received brochure in the mail
   (Please indicate four-digit code on mailing label _____)
☐ Saw brochure in Campus Technology magazine
☐ Campus Technology eNewsletter
☐ Campus Technology website
☐ 1105 Media website
☐ From colleague/co-worker
☐ My association
☐ Other publication

Please indicate your primary role:

☐ Top Level Non-IT Executive (Chancellor, Provost, President, CAO, etc.)
☐ Top-Level IT Executive (VP, CIO, CTO, etc.)
☐ IT Director/Manager - Academic Computing
☐ IT Director/Manager - Administrative Computing
☐ Administrative Mgmt (Dean, Dept. Chair, Director)
☐ Faculty Member (Professor, Adjunct, Instructor)
☐ Media/Library Services
☐ Other _____

Do you evaluate, recommend, specify, or approve the acquisition of technology products and services?

☐ Yes ☐ No

☐ Attendee Networking: Yes, I want to participate

STEP 4 SEND IN YOUR REGISTRATION

MAIL: Campus Technology 2009 Registration
1277 University of Oregon
Eugene, OR 97403-1277 (Include full payment)

FAX: 541-346-3545 (credit card payment)

ONLINE: Register via our secure website at
www.campustechnology.com/summer09

If applicable, be sure to provide Purchase Order information when registering online, or fax the PO form with your registration.

STEP 5 SELECT YOUR SESSIONS ONLINE

After receiving your confirmation code, go to the registration page at www.campustechnology.com/summer09, enter your code and select your preferred conference breakout sessions.

Transfer/Cancellation Policy: You may transfer your registration to another person any time prior to the event. To cancel, your request must be submitted in writing and postmarked no later than June 26, 2009. Your fee will be returned, less a $50 cancellation fee.

QUESTIONS?
PHONE: 800-280-6218 or 541-346-3537
E-MAIL: CampusTech@continue.uoregon.edu
WEB: www.campustechnology.com/summer09

COMPLIMENTARY SUBSCRIPTION TO CAMPUS TECHNOLOGY

☐ Yes! I wish to receive/continue receiving a free monthly subscription to *Campus Technology.*
☐ No, thank you.

_____ _____
Signature (required) Date

Publisher reserves the right to limit the number of complimentary subscriptions.