



CONCORDIA
UNIVERSITY
 wise • honorable • cultivated

ALCF Registration
 October 1-2, 2010
 Concordia University Irvine

PARTICIPANT REGISTRATION DETAILS

First Name: _____ Last Name: _____
(as you would like it to appear on a name badge)

Institution: _____

Academic Dept: _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phones: _____ Cell Phone _____
Circle one: Home or office

Email _____

Guest/Spouse Name _____
(as you would like it to appear on a name badge)

PROGRAM AND MEAL REGISTRATION

The fee covers registration, Friday evening meal and reception, Saturday continental breakfast and luncheon. Saturday evening and Sunday meals are NOT included. **** Checks should be payable to "Concordia University Irvine". ****
 Online credit card registration is available at: <http://alumni.cui.edu/?ALCF>.

Mail registration form and payment to:
 Dr. Jennifer Cosgrove, Psychology, Concordia University Irvine, 1530 Concordia West, Irvine, CA 92612

_____ ALCF member registration	\$80.00	Total	_____
_____ Guest / spouse registration	\$25.00	Total	_____
TOTAL DUE			_____

Any special dietary or mobility requests: _____

I have included a check.

Charge my credit card: Number _____
Circle one: VISA MasterCard AMEX

Expiration Date _____ CVV _____

Billing Zip Code _____ Name on Card _____

QUESTIONS / CONTACT INFORMATION

Contact Jennifer.cosgrove@cui.edu

We recommend that you fly into John Wayne Airport (SNA) and stay at the Crowne Plaza Hotel in Irvine, CA.