

Registration

Name _____

Organization _____

Address _____

City, State, Zip _____

Country _____

Phone (Day) _____ (Eve.) _____

Email: _____ Fax _____

Registration confirmation sent by email

Amount - check all that apply

Symposium

ASV Members _____ \$155

Non-Members _____ \$205

Students, ASV Member _____ \$50
(proof of student status required)Students, ASV Non-Member _____ \$70
(proof of student status required)

Exhibit Table _____ \$255

Extra Exhibitor Table _____ \$50

Information Table _____ \$50

Late Fee (received after 3/8/05) _____ \$50

sub-total \$ _____

Total Symposium Fees \$ _____

Special Accommodations:

- Please mark box if participant requires any special accommodations. A staff member will contact you.

If paying by mail,

Stephanie Frogge
College of Criminal Justice
Sam Houston State University
Box 2296
Huntsville, TX 77341-2296
(936) 294-1638

Method of Payment

_____ Check: payable to the American Society of Victimology

_____ Charge: ___ MC ___ VISA ___ Discover

Card #: _____

Name on Card: _____ Exp. _____

Purchase Order: authorized billing information required

Payment receipt sent upon request