

**DEADLINE****REGISTRATION FORM**

MAY 15, 2011

2011 Annual Meetings of the  
*American Society of Missiology (June 17 - 19, 2011), Association of Professors of Mission (June 16-17, 2011)*  
 and Supplementary Meetings

**Personal Information** (circle all titles that apply)

Ms. Miss Mrs. Mr. Rev. Dr. Sr.

Name: \_\_\_\_\_ Badge Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/PC: \_\_\_\_\_ Country: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Meeting Registration** (indicate all that apply plus mark meals attending. There will be no reduction of meal costs)

- |   |            |  |
|---|------------|--|
| <input type="checkbox"/> PCUSA Professors of Mission (June 15 – 16)     | Meal cost: | <input type="checkbox"/> \$37 (Dinner, Breakfast, Lunch) |
| <input type="checkbox"/> UMC Professors of Missions (June 15 – 16)      | Meal cost: | <input type="checkbox"/> \$37 (Dinner, Breakfast, Lunch) |
| <input type="checkbox"/> APM  | Meal cost: | <input type="checkbox"/> \$37                            |
| <input type="checkbox"/> ASM Student Fellowship (same meal plan as ASM) | Meal cost: | (Check one of the boxes below)                           |
| <input type="checkbox"/> ASM  | Meal cost: | <input type="checkbox"/> \$84 w/ Sunday lunch <b>OR</b>  |
|   |            | <input type="checkbox"/> <u>\$72 w/o Sunday lunch</u>    |

Total cost of meals \$ \_\_\_\_\_

**Lodging at Techny Towers**

Date of Arrival: \_\_\_\_/\_\_\_\_/2011 Date of Departure: \_\_\_\_/\_\_\_\_/2011 Total Number of Nights: \_\_\_\_\_

If you would like a single room in Maria House, mark that line. *There is limited availability*, and rooms are filled on a *first come, first serve* basis. Please also enter your preference for room mate in a Tower room in case Maria House is not available. If you do not enter a room-mate preference, one will be assigned to you. *Cancellation must be received no later than three days before the meeting; otherwise, a \$15 cancellation fee will be charged.*

- |  |                                 |                               |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Single room in Maria House (\$44 per night)<br>(adjacent to Techny Towers, common bathrooms, air conditioning, phone, basin)  | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Shared room in the Tower (double or triple; \$46 <i>per person</i> per night)<br>(private baths, air conditioning and phones; <i>single rooms are not available</i> ) | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> House me with: _____  |                                 |                               |
| <input type="checkbox"/> Special needs for food or lodging: _____  |                                 |                               |

**CALCULATION OF COSTS** (enter costs that apply and total)

_____ APM Registration Fee:	\$40 (this fee is <i>required</i> if you are attending the meeting)
_____ APM <i>membership</i> dues:	\$10
_____ ASM Registration Fee:	\$125 (this fee is <i>required</i> if you are attending the conference OR pre-conference seminar)
_____ ASM Student Registration Fee:	\$50 (Student Fellowship has no registration fee)
NOTE: ASM <i>membership</i> dues are done separately - please see the ASM website for options.	
_____ Non-participating spouse:	\$30
_____ Total lodging	
_____ Total meal cost from above	
_____ TOTAL	

**Please include full payment by check or credit card with registration.****If you cannot do this, send a minimum of \$50 and be prepared to pay the remainder on arrival at Techny.**

Check # \_\_\_\_\_ in the amount of \_\_\_\_\_ enclosed.

Charge to MasterCard/ Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

Mail with payment or credit card information to: American Society of Missiology, Sioux Falls Seminary, 2100 S. Summit Ave., Sioux Falls, SD 57105

OR fax to 605/335-9090, attn: Jay Moon (*only for credit card payment*)E-mail Inquiries: [jmoon@sfsseminary.edu](mailto:jmoon@sfsseminary.edu)

Telephone inquiries 605/336-6588.