

**17th Annual Conference on Ethnographic and
Qualitative Research in Education
June 3 & 4, 2005**

Registration Form

Please print or type all information:

TITLE: Dr.____ Prof.____ Mr.____ Ms.____ Name: _____

NAME OF ORGANIZATIONAL AFFILIATION (university, college, school, etc.)

PROFESSIONAL ADDRESS: _____

HOME ADDRESS: _____ City, State, Zip: _____

BUSINESS PHONE: (____) _____ HOME PHONE (____) _____

BUSINESS FAX: (____) _____ HOME E-MAIL: _____

BUSINESS E-MAIL: _____

AMOUNT ENCLOSED:

_____ Registration \$85

_____ Student Registration \$35

The registration fee entitles you to all the conference activities and meals.

Note that only the names of persons with paid registrations postmarked by May 24 can be included in the conference program.

SPECIAL NEEDS: (Please list below special dietary or programmatic needs requested)

Please print and mail the completed form with check or money order to:

Ms. Kay McFarlane
Cedarville University
251 N. Main Street
Cedarville, OH 45314

Checks must be made payable to “*Cedarville University—EQRE.*” This registration must be postmarked by **May 24, 2005**. Registration after that date will only be accepted at the conference site and will be \$100 (*regular*) and \$60 (*student*).