MSA Fall Conference 2009
Registration Form

Your name:_____

Institution: _____

Preferred Mailing Address:

_____

_____

Phone number(s):_____

E-mail: _____

Journal Preference (Check Only One)**:** **Printed copy** ___ **CD** ___

Fees

Student:	$30.00	_____
Professional (Faculty, Researcher etc.):	$60.00	_____
Emeritus Faculty or Retired:	$30.00	_____
Contribution to MSA:		_____
TOTAL ENCLOSED: (Check or Money Order Only)		_____

Make check or money order payable to:

Michigan Sociological Association.

NO REFUNDS

Please print this form - one for each person - and mail with your payment to:

Alan Hill, Department of Sociology
Delta College, S-61
University Center, MI 48710