MCCC registration form (College of Charleston)

66 George Street
Charleston, South Carolina 29424-0001

First Name: ________________________________ Last Name: ________________________________________

Institution & Department: _________________________________________________________________________

City/state/zip: ___________________________________________________________________________________

Office Phone: ____________________________   Home Phone: ________________________________________

Email Address: _________________________________________________________________________________

METHOD OF PAYMENT: (Indicate the method of payment)
[   ] PAYMENT BY CHECK   (Make check payable to College of Charleston - MCCCC)
[   ] PAYMENT BY CREDIT CARD    Provide the following information:
VISA/MASTERCARD # ___________________________    EXP. DATE __________

REGISTRATION FEE:   (Indicate appropriate fee)
If received by September 20:
[   ] $100.00
[   ] $45.00   (Students and Retired or Unemployed Mathematicians)

After September 21:
[   ] $120.00
[   ] $55.00   (Students and Retired or Unemployed Mathematicians)

Registration fee includes one banquet dinner.  Additional banquet dinners may be purchased for non-registered
spouse/guests for $25.00 per dinner.  Please indicate the number of additional dinners requested below.
[   ] $25.00 x _______   (Additional banquet dinners for non-registered guest)

The tour of Fort Sumter is scheduled for Sunday afternoon.  Please let us know if you are interested.
[   ] NO    [   ] YES, please reserve me _____ tickets at $14/each.

Please complete the following information:
Do you need a parking permit during the conference?  [   ] YES  [   ] NO
Do you need a ride to/from the conference?  [   ] YES  [   ] NO
If yes, please provide the name of the hotel:
Are you presenting a paper?  [   ] YES  [   ] NO
Dietary restrictions:  [   ] vegetarian  [   ] regular

Mail completed registration form and fees to:
Ms. Jennifer Smith, C/O MCCCC
Department of Mathematics,
College of Charleston, Charleston, SC 29424.

CANCELLATION POLICY (REFUNDS/CANCELLATIONS):
A full refund, less $20, will be made if request is received at least 24 hours before the start of the conference.  No refunds will be
made thereafter.