



Essex County College
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Portland Community College
Harlan Simantel, Graphic Artist
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2004 CCHA PACIFIC-WESTERN CONFERENCE
REGISTRATION FORM

Please print or type - one form per person

Early Registration Deadline: Received on or before **October 21**(registration by mail only).
All presenters, moderators, and participants must register for the conference and begin or renew CCHA membership. Registration includes two banquet luncheons, two continental breakfasts, and two receptions. Indicate which special events you will be attending and add the cost(s) to your registration fee.

Name	Office Telephone
Title/Department	Fax and Email
Discipline or Field	Additional Email Address
Institution	Home Address
Institution Address	Home City/State/Zip Code
Institution City/State/Zip Code	Home Telephone



Registration mailed by October 21 (postmark date):

Current CCHA Member*	\$180.00	_____
New or Renewing Member**	\$220.00	_____
New or Renewing Part-time Faculty Member**	\$195.00	_____

On-site Registration:

Current CCHA Member*	\$195.00	_____
New or Renewing Member**	\$235.00	_____
New or Renewing Part-time Faculty Member**	\$210.00	_____

One-day Registration fee for Thursday, November 4 [] Friday, November 5, OR [] Saturday, November 6 []

Current CCHA Member *	\$100.00	_____
New or Renewing Member**	\$140.00	_____
New or Renewing Part-time Faculty Member**	\$115.00	_____

* Current CCHA members are those whose membership expires 12/31/04

** Includes \$40 CCHA membership dues or \$15 part-time faculty membership dues

Luncheon Tickets for Guests	Quantity	
Friday, November 5		\$40.00 each = \$
Saturday, November 6		\$40.00 each = \$

Check if you prefer vegetarian meals []

Special Events:	Quantity	Cost
Small Group Tours of the Seattle Public Library		Free (check schedule)
First Thursday Seattle Art Museum Tour		Free
Friday – Downtown Seattle Walking Tour		\$10.00
Friday - Theater Outing (limit 15 participants)		\$54.00

TOTAL ENCLOSED \$ _____

Mail your completed registration form and a check (made payable to the Community College Humanities Association) or credit card information to the CCHA national office (address listed below).

Form of Payment _____ Check _____ Visa _____ MasterCard _____
College PO # _____

Cardholder's Name (please print) _____

Card Number _____

Expiration Date _____

Cardholder's Signature _____

Date _____

Mailing Address:

Attn: Pacific-Western Division Conference
Community College Humanities Association
Essex County College
303 University Avenue
Newark, NJ 07102