

**PRE-REGISTRATION FORM/ASLH ANNUAL MEETING  
OCTOBER 25-27, 2007  
TEMPE, ARIZONA**

To pre-register, please return this form, with a check (\$US only, payable to ASLH), or VISA/MASTERCARD (a 4% surcharge will be added), **to arrive no later than September 19** to William P. LaPiana, Treasurer ASLH, New York Law School, 57 Worth St., New York NY 10013. Tel: 212-431-2883; Fax: 212-431-1830

Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

I will be accompanied by\* \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

(affiliation/home city): \_\_\_\_\_

\*Spouses/friends are welcome, but must pay the regular or student registration fee if they are going to attend any of the receptions, meals, coffee breaks, or program sessions.

Registration Fee \_\_\_\_\_ x \$90 (\$100 after 9/19/07) \_\_\_\_\_

Student Registration \_\_\_\_\_ x \$15 (student ID required) \_\_\_\_\_

Saturday Annual Luncheon \_\_\_\_\_ x \$25 \_\_\_\_\_

Contribution toward expenses of graduate students attending annual meeting \_\_\_\_\_

TOTAL \_\_\_\_\_

Saturday luncheon (indicate choice of entree): chicken ( ) salmon ( ) vegetarian ( )

I/We plan to attend (no additional charge beyond registration fee):

THURSDAY	FRIDAY	SATURDAY
evening reception _____	continental breakfast _____	continental breakfast _____
	plenary reception _____	evening reception _____

If paying by credit card: Name on card: \_\_\_\_\_

Card type: VISA or MC expiration date: \_\_\_/\_\_\_ Number: \_\_\_\_\_

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

**THIS IS NOT A ROOM RESERVATION FORM.** For information about hotel reservations see the information on the Society's web site, <http://www.aslh.net/>

*Receipts, charge slips, and name tags will be mailed to pre-registrants; event tickets and programs will be held at the registration table at the Tempe Mission Palms Hotel*