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# REGISTRATION FORM

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## Missions, Majors, and Liberal Education: A Conference on Assessing Student Learning in the ACM

Ripon College

September 11-12, 2009

Registration Deadline: **August 1, 2009**

*(Please print or type)*

Name \_\_\_\_\_

(First Name)

(Middle Initial)

(Last Name)

Institution \_\_\_\_\_

Department \_\_\_\_\_

Work Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Housing:

Ripon College will make arrangements for overnight accommodations at Comfort Suites, 2 Westgate Drive, Ripon, WI, 54971, (920) 748-5500. We will reserve and pre-pay for hotel rooms for one night, September 11, at the shared occupancy rate. Guests wishing to stay an additional night must make their own arrangements with the hotel. Conference rates will apply to Friday night only. Please let us know if you'd prefer to make arrangements for a single room. Those who stay in single rooms will be responsible for paying the additional cost when checking in.

\_\_\_\_\_ I will need a room for Friday, September 11, 2009.

\_\_\_\_\_ I would like to share a room

Roommate's Name \_\_\_\_\_

(if you have no roommate preference we will pair you with someone)

\_\_\_\_\_ I would like a single room (I will pay the additional cost)

\_\_\_\_\_ I will not require accommodations for this conference

Will you be presenting a poster? \_\_\_\_\_

Poster presentation title and author(s) \_\_\_\_\_

Will you need AV equipment? If so, please specify. \_\_\_\_\_

Lunch and dinner will be provided on September 11<sup>th</sup>.

Food preferences \_\_\_\_\_

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Mileage reimbursement is available for those that drive (carpooling is encouraged). Please submit your mileage after the workshop in the form of an e-mail to [risseeuw@beloit.edu](mailto:risseeuw@beloit.edu)

Questions? Contact Robin Woods (920) 748-8721 / [woods@ripon.edu](mailto:woods@ripon.edu)

Send responses to Pat Fredrick (920) 748-8152 / [fredrickp@ripon.edu](mailto:fredrickp@ripon.edu) / Ripon College, PO Box 248, Ripon, WI 54971