# *Creativity and Change: Women Shaping the Future*

November 5 - 6, 2009
PASSHE Women's Consortium Annual Meeting
West Chester University of PA

## Registration Information:

*To assist us with planning and for a reduced rate, please register by October 26, 2009*
Registration can be completed online with payment on a credit card at:
https://www.ticketleap.com/member/event.aspx?event_id=1F4E1D1A-5CEC-4AC2-A454-8ED3300F656
There is a convenience fee of $4.36 for the online registration purchase.
For mail-in registration use the form below. Mail-in registration should be received by 10/26/09.

## Registration Fees:

*Registration fees include all meals and a ticket for the evening program

| | |
|---|---|
| *Consortium Members:* | $60.00 by October 26th<br>$70.00 after October 26th |
| *Non-Consortium Members:* | $90.00 by October 26th<br>$100.00 by October 26th |
| *Students:* | Free without meals<br>$10.00 to have meals |
| *Presenters:* | $50.00 |

(includes both consortium members and non-consortium members)

## Membership Fees:

Membership information can be found at: http://passhewc.startlogic.com/
Membership fees for one year:

| | |
|---|---|
| Faculty and Management: | $21.00 |
| Staff | $9.00 |
| Students | $3.00 |

*Membership fees will be handled through the PASSHE Women's Consortium Treasurer and will not be an online option.* Membership status will be verified upon receipt of registration

## Hotel Registration:

A block of hotel rooms has been reserved at:
Holiday Inn – West Chester
943 South High Street
West Chester, PA 19382
For registration: 800-972-2796 Hotel Phone: 610-692-1900
Conference rate: $92.00 + tax (extended until October 19th) – ***Reserve your room immediately***

Registration Contact:
Ms. Cheryl Faust, Director
West Chester University
Conference Services
13/ 15 University Avenue,
Room 111
West Chester, PA 19383
Phone: 610 - 436 - 6931
Fax: 610 - 738 - 0466 Email: cfaust@wcupa.edu

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*Mail-in Registration Form* - **If you are registering online there is no need to complete this mail-in form:

Name: _____ Institution _____

Address: _____

_____

Daytime Phone Number: _____

Email Address: (please print clearly) _____

Please Check One:

___ Faculty/Management ____ Staff ___ Alumni ____Student ___non-PASSHE employee

*Registration Fee:* (check as applicable)

___*Consortium Member:* ___ $60.00 by October 26th
___ $70.00 after October 26th

___*Non-Consortium Member:* ___ $90.00 by October 26th
___ $100.00 by October 26th

___*Students:* ___ Free without meals
___ $10.00 to have meals

___*Accepted Presenter:* ___ $50.00 by October 26th
(includes both consortium members and non-consortium members)

___ Special needs accommodations including food, please specify:

_____

___ Yes, I want to join the PASSHE Women's Consortium. If you check this box, complete the membership form available at http://passhewc.startlogic.com/ and send check payable to PASSHE Women's Consortium to the address on the form. Please send to be received by 10/26/09.

*Completed registration form:*

Make check payable to: *West Chester University*
Mail to: Conference Services
13/ 15 University Avenue,
West Chester University
West Chester, PA 19383

To register by Credit Card - phone 610 - 436 - 6931