

REGISTRATION FORM
2009 GPSA ANNUAL CONFERENCE
Ramada Inn, Grand Forks, North Dakota — October 15th and 16th

Please Print

Name: _____

Affiliation: _____

Mailing Address: _____

E-Mail: _____

Annual Membership

Professional Membership: \$20

Student Membership: \$5

Conference

Professional Conference Fee: \$20

Student Conference Fee: \$5

Students Please Indicate Status

Undergraduate Student []

Masters Student []

PhD Student []

Prepayment

Membership..... \$ _____

Conference Fee..... \$ _____

Donation..... \$ _____

TOTAL \$ _____

Please mail registration form and your prepayment
to Don Arwood by **October 9th**.

Please make checks payable to the GPSA.

Don Arwood, Sec/Treasurer, GPSA
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Brookings, SD 57007-1296