

American Association for Chinese Studies

October 20-22, 2017

University of South Carolina, Columbia, SC

Personal Information

Please type your information as you would like it to appear on conference materials.

First Name* _____ Last Name* _____

Organization* _____ Professional Title* _____

Primary Phone* _____ Email* _____

Address _____

City* _____ State* _____ Zip* _____

Registration

Registration fee includes Friday night reception and Saturday lunch. Registration deadline is September 1, 2017.

_____ AACS Members \$30

_____ Non-Members \$90

_____ Students \$10

_____ Spouse \$10

_____ Retirees \$20

Will you attend Friday Night's Reception? yes no

Will you bring a guest to Friday Night's Reception? yes no

Will you attend Saturday Night's Banquet Dinner? (additional \$30) yes no

Will you bring a guest to Saturday Night's Banquet Dinner? (additional \$30) yes no

Guest First and Last Name: _____

TOTAL \$ _____

Special Assistance | Requests

Please indicate if you need any form of assistance or accommodations either with the hotel or conference facilities. Please be as specific as possible.

Please indicate if you have any dietary restrictions or special requests.

Questions

Registration questions can be directed to Conference & Event Services at 803-777-9444 or confs@mailbox.sc.edu

Logistic questions can be directed to Lys Duffey at 803-777-8180 or duffeya@mailbox.sc.edu

Program and conference material questions can be directed to AACCS at aacs@mail.com

Cancellation Policy

Refund request must be made in writing to confs@mailbox.sc.edu by September 1, 2017. No refunds available after September 1. Substitutions are welcome at the conference by contacting confs@mailbox.sc.edu or by calling 803-777-9444.

Method of Payment (Mail or Fax)

CEC Office Use Only:

DATE: _____ MTH _____ \$ _____ APPVL _____ A _____ CC 4 _____ Exp _____

Please complete the payment information and mail this registration form with your payment to:

American Association for Chinese Studies
Continuing Education and Conferences
University of South Carolina
1600 Hampton Street, Suite 403
Columbia, SC 29208 USA

You may FAX your registration to 803-777-2663.

Make all methods of payment payable to the **University of South Carolina**.

If you wish to charge your fees, enter your account number and sign below

Check IIT (USC Departments Only) Account _____ Fund _____

MasterCard American Express VISA Discover

PLEASE PRINT (The charge on your credit card statement will appear from the University of South Carolina)

Name on Card: _____

Cardholder Signature: _____ Date: _____

CVV Number: _____ Card Number: _____ Expiration: _____

Please do not scan and email this form with credit card information. It is not secure and will not be accepted