



SIXTH ANNUAL TULANE MAYA SYMPOSIUM AND WORKSHOP

Maya Calendars and Creation

February 6-8, 2009

REGISTRATION FORM

To register, complete this form and mail it to the address below.

Stone Center for Latin American Studies
 Attn: Denise Woltering
 100 Jones Hall
 Tulane University
 New Orleans, LA 70118

Name _____
 Address _____
 Email _____ School or Institution _____
 Phone _____

Program Registration

Discounts are available to college/university students, K-12 educators/university faculty (active or retired). If you are applying for a discounted rate as a student or educator, proof of status is required. To qualify for early registration, please submit your registration form and payment before **DECEMBER 15**. A lunch on Saturday is included in the fee. **(Mark which you prefer: __Vegetarian or __NonVeg)**

| | Early Registration | Late Registration | TOTAL |
|------------------------------------|--------------------|-------------------|----------|
| Regular participant | 75 | 150 | \$ _____ |
| K12 Educator/Faculty/Tulane alumni | 45 | 90 | \$ _____ |
| Student | 25 | 50 | \$ _____ |

Friday Workshops

Two workshops will be offered in the morning & afternoon. Sign up below for the ones you would like to attend:

Morning workshops:
 9:30 AM - 12:00 PM Introductory Workshop, John Justeson Teacher Workshop, Markus Eberl

Afternoon workshops:
 1:00 - 3:30 PM Introductory Workshop, Judith Maxwell Intermediate, John Justeson

3:30 - 6:00 PM Workshop with Marc Zender **Please see website for workshop descriptions.*

If you would like to make a donation to support the Maya Symposium please indicate the funding category and amount below.

General Fund..... _____
 Fellowship for Latin American participants..... _____
 K12 Educational Programs..... _____

TOTAL AMOUNT ENCLOSED _____

Payment Information

Pre-payment for the Maya Symposium is required. Both credit cards and checks are accepted. If paying by credit card, please fill out the information below. We can only accept Master Card or Visa. Please make all checks payable to Tulane University.

Cardholder's Name _____
 Billing address _____
 Credit Card Number _____
 Expiration Date _____ **Amount to be charged** _____
 Signature _____

You will receive an email confirmation once your payment has been processed. If you have any questions about registration, please call:(504) 862-3143; (504) 865-6719 (fax); or by email crcrts@tulane.edu.