

Registration Form for 2015 DALLAS International Academic Conference
Please TYPE or Print to ensure accurate information!

Name: _____

Name to appear on Name badge: _____

School: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Complete Title of Presentation: _____

____ Faculty (\$375) ____ Graduate Student (\$129) ____ Undergrad Student (\$129)

NOTE: Undergraduate students must be accompanied by a faculty member registrant!

(COMPLETE A SEPARATE FORM FOR EACH PRESENTATION).

Co-author(s): _____

Co-author affiliation, if any: _____

Will co-authors be attending the conference? ____ Yes ____ No

Presentation is: ____ completed paper ____ work in progress

Describe any audio/visual needs: _____

Preference for Presentation: ____ no preference, ____ Thursday morning,
____ Thursday afternoon, ____ Friday morning, ____ Friday afternoon,
____ Saturday morning , ____ Saturday afternoon

Indicate if you are interested in serving as: ____ Session moderator

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