

Yes! Register me for the 27th Annual Four Corners Conference, "Get Switched On".. **I understand that refunds will not be given after October 7, 2011.** (Conference proceeds are used in part to fund educational scholarships for qualifying attendees.)

	Early Registration	Late Registration (Accepted only at the conference on October 13th)
Full Day Conference * (With lunch)	\$ 75	\$100
Full Day Conference * (Lunch not included)	\$ 65	\$ 90
Half Day Conference * (With lunch)	\$ 43	\$ 68
Half Day Conference * (Lunch not included)	\$ 33	\$ 58
Keynote Only * (Lunch not included)	\$ 25	\$ 50

Be sure to register early!!! A registration postmarked or received after October 7th will be held until the day of the conference. You will be notified that you need to report to the late registration table to pay a \$25 late fee.

Gender: Male () Female ()

Name:

Address:

City/State/Zip:

Phone (Work):

Phone (Home):

Phone (Cell):

E-mail: (Required to receive confirmation of registration)

Employer:

Workshop Choices:

Please register me for the following workshops:

Session I: (Choose from Workshops 1-9)

1st choice _____ 2nd choice _____ 3rd choice _____

Session II: (Choose from Workshops 10-18)

1st choice _____ 2nd choice _____ 3rd choice _____

Session III:(Choose from Workshops 19-27)

1st choice _____ 2nd choice _____ 3rd choice _____

Lunch Choices:

I would like a meat entrée for lunch _____ (seared chicken with oregano/tomatoes/couscous)

I would like a vegetarian entrée for lunch _____ (three cheese ravioli)

I will not be eating lunch _____

Registration Choices:

Please **mail** this registration form with Visa, Mastercard, Discover information or a check, purchase order or money order, payable to:

**The Four Corners Conference
c/o Nancy Shepherd
4601 College Blvd.
Farmington, NM 87402**

or **deliver** it to the Community Learning Center at San Juan College, 4601 College Blvd., Farmington

or **call** (505) 566-3461 to register by phone with Visa, MasterCard or Discover

or **fax** (505) 566-3687

Visa, MasterCard, or Discover

Credit Card Account # _____

Expiration Date _____

Cardholder's Authorizing Signature _____

Please let us know if you have need of the following special services while attending the conference:

Signer for hearing impaired, guide for visually handicapped, special seating arrangement for wheelchair, other special need.