

**2019 Arkansas Archeological Society Annual Meeting
September 27 – September 29, Hot Springs, Arkansas**

REGISTRATION

Early Registrations and Banquet reservations must be received at the Society office by September 6. No refunds for cancellations will be given after **September 6!** Late Registration can be paid any time after September 6 up to the day of the meeting. **THERE IS NO LATE BANQUET OPTION FOR LATE REGISTRATIONS!**

You can register online at: www.arkarch.org

Name(s): _____
(Please list names of all family members attending the meeting.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

<p>EARLY REGISTRATION AND BANQUET MUST BE PREPAID AND RECEIVED BY <u>SEPTEMBER 6</u></p> <p><u>Early Registration</u> #___ @ \$50.00 ea. Adult = \$_____ (Children under 18 with paying adult are free.)</p> <p><u>Student Registration</u> (Undergraduate & Graduate) #___ @ \$35.00 ea. (<u>Must show student I.D. at check-in.</u>)</p> <p><u>Tribal Member Registration</u> #___ Free with Tribally Issued Identification or CDIB Card (<u>Must show at check-in.</u>)</p> <p><u>Banquet</u> #___ @ \$38.00 ea. Adults & Children = \$_____</p>
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<p>LATE REGISTRATION AFTER SEPTEMBER 6 NO BANQUET OPTION</p> <p><u>Late Registration</u> #___ @ \$65.00 ea. Adult = \$_____ (Children under 18 with paying adult are free.)</p> <p><u>Student Late Registration</u> (Undergraduate & Graduate) #___ @ \$50.00 ea. (<u>Must show student I.D. at check-in.</u>)</p> <p><u>Tribal Member Late Registration</u> #___ Free with Tribally Issued Identification or CDIB Card (<u>Must show at check-in.</u>)</p>

KEYNOTE PRESENTATION ONLY (not attending the banquet)
#___ are not going to the banquet but will attend the keynote presentation. (So we know how many extra chairs will be needed.)

TOTAL AMOUNT ENCLOSED \$ _____ *No refunds after September 6.*

Please return completed meeting registration form and your check by September 6 to :

Arkansas Archeological Society

2475 N. Hatch Ave.,

Fayetteville, AR 72704

or

Register online at www.arkarch.org

Office Use Only: Amount: \$ _____
Check # _____ Date: _____