

**UCEA South Conference
University of Houston Continuing Education
102 Hilton Conference Center
Houston Texas, 77204-3027**

Name: _____
(as it should appear on name badge)

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Have you attended previous UCEA conferences? Yes _____ No _____

Registration	Amount	#	Total
Early Bird (through October 1, 2007)	* \$175		
Late Registration (after October 1, 2007)	* \$195		
Non-UCEA Member Registration	* \$225		
	GRAND TOTAL		

*Fee includes
Continental Breakfast: Monday and Tuesday
Lunch: Sunday and Monday
Special Events:
Dinner Sunday at Sambuca Jazz Cafe
Reception: Monday, Houston Museum of Natural Science
All breaks

Method of Payment: (payment must accompany registration)

Check (Payable to University of Houston): _____

Credit Card: _____

Please charge my credit card: MC _____ Visa _____ AM EXP _____

Credit Card Number: _____

Expiration Date: _____ Total Amount: _____

Cardholder's Name (Please Print) _____

Cardholder's Signature: _____

REFUNDS/TRANSFERS: There is a \$25 processing fee on all refunds. No refunds after October 1, 2007. Name substitution will be permitted through October 15, 2007 by notifying our registration office at 713.743.1060 or 1.800.687.5465. After October 15, 2007 name substitutions can be made at the conference site.

SPECIAL ASSISTANCE: Please request special assistance needs at least two weeks prior to the conference.