

Registration Form

Past, Present & Future: Costume Across the Centuries

The Southeastern Region of the Costume Society of America

2009 Annual Symposium: October 22 – October 25, 2009

Hosted by the Departments of Theatre, Historic Preservation, & English, The University of Mary Washington
The James Monroe Museum & Library

Conference Attendee: Please fill out both pages of the registration form and return to: [Deborah Barlow, 3528 Laurel View Court
Laurel, Maryland 20724-2017](#)

See Symposium Schedule for descriptions of program presentations, events, tours, hotel & airport information.

I would like my name tag to read:

Name: _____

Name: _____

Street Address: _____

Affiliation: (optional) _____

City, State, Zip: _____

City & State: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Guest Attendee: (for tours, Fredericksburg sites ticket, Friday reception, box lunches and/or Saturday dinner only)

Name: _____

Additional Information: Please address any questions to Colleen Callahan, jette_2@msn.com, 804-261-4998.

1. Will you be driving to Fredericksburg? _____

If so, are you willing to help with car pool needs for: (check all that apply)

POP/Angels Project: _____

Transportation between hotel and UMW campus: _____ (about 2 miles)

Stratford Hall Tour: _____

Scotchtown Tour: _____

2. If you are driving, we need your car registration information to issue you a parking permit for the UMW campus.

License Registration # _____ State: _____

Please indicate if you plan to rent a car and we will issue the parking permit when you register: _____

3. Let us meet your needs:

a. Will you need transportation for: (check all that apply)

POP/Angels Project: _____ Between hotel and UMW campus: _____ (about 2 miles)

Stratford Hall Tour: _____ Scotchtown Tour: _____

b. I have a disability requiring special accommodation: _____

c. I have special dietary needs: _____

d. I am a new CSA member: _____

e. This is my first Southeastern regional symposium: _____

f. I am willing to volunteer during the symposium: _____ (If so, a committee member will contact you)

Registration Form

Attendee Name: _____ **Guest Name:** _____

Thurs., Oct. 22nd: Preserving Our Past/Angels Project at Spotsylvania Historical Society. There is no charge to participate in this program but you must be a CSA member to participate. Newbie Richardson will contact you directly with more information. Limit 10.

I will participate in the Preserving Our Past/Angels Program: _____

Event	Registration Deadline	CSA Member**	CSA Student Member**	Non CSA Member	Total
Full Conference	September 15	\$155	\$135	\$230	_____
Full Conference	October 1	\$180	\$155	\$250	_____
Saturday-Only	September 15	\$100	\$80	\$175	_____
Saturday-Only	October 15	\$125	\$90	\$200	_____

Full conference fee includes: Fri. exhibit tour & reception, Sat. & Sun. presentations, all breaks, Sat. box lunch & buffet dinner, Fredericksburg sites ticket

Saturday-only fee includes: Sat. presentations, breaks, box lunch & buffet dinner

**The Southeastern Region extends CSA member rates to members of the Virginia Association of Museum (VAM) & the Virginia Conservation Association (VCA)

Date	Event	Full Conference Attendee	Guest**	
Thurs., Oct. 22 nd	Stratford Hall Tour	\$10	\$10	_____
	(Participants pay for own lunch at Stratford Hall)			
Friday, Oct. 23 rd	Fredericksburg Sites Ticket	No charge	\$35	_____
	(Ticket has no expiration date)			
Saturday, Oct. 24 th	James Monroe Exhibit & Reception	No charge	\$25	_____
	Box Lunch	No charge	\$10	_____
Sunday, Oct. 25 th	Buffet Dinner	No charge	\$35	_____
	Scotchtown Tour & Box Lunch	\$25	\$25	_____
Total Enclosed:				_____

**Saturday-only attendees who want to attend events on Thurs., Fri. or Sun. or would like a Fredericksburg sites ticket, please pay the guest rate fees.

Box Lunches: (Indicate Choice & Number)

Grilled Vegetable Baguette

Albuquerque Chicken Sandwich

Roast Beef & Onion Baguette

Saturday, Oct. 24

Sunday, Oct. 25 (Scotchtown Tour Participants Only)

I have enclosed: A check or money order made out to CSA Southeastern Region for \$ _____

Please charge \$ _____ to my Visa, Discover, American Express or MasterCard Number: _____
(Circle One)

Name as it appears on card: _____ Expiration Date: _____