

69th Annual Meeting

Providence, RI November 15-17 2017

Conference Registration Form



NAME:
(As it should appear on name badge, no titles)

AFFILIATION:
(As it should appear on name badge)

ADDRESS:

CITY: **STATE:** **ZIP/POSTAL CODE:**

EMAIL:

SPOUSE NAME/AFFILIATION:
(If Attending Conference)

Registration prices by post-mark date	Early Registration (by May 31st)	Advance Registration (by Aug. 15th)	Late Registration (by Oct. 13th)	On-Site Registration
ETS/EPS/NEAS/ATS Student Member*	\$20	\$25	\$50	\$65
ETS/EPS/NEAS/ATS Full or Assoc. Member*	\$30	\$35	\$70	\$85
Not a Member of ETS/EPS/NEAS/ATS	\$75	\$80	\$105	\$120

*The spouse of a member may be registered at no charge

Registration and Banquet Totals Credit Card Authorization

Select Membership Below

- ETS Full or Associate Member
- Evangelical Philosophical Society (EPS)
- Near Eastern Archaeological Society (NEAS)
- Adventist Theological Society (ATS)
- ETS/EPS/NEAS/ATS Student Member
- Not a member of ETS/EPS/NEAS/ATS

Banquet Tickets (Thursday Evening)

Number of Tickets _____ @ \$20 each

Totals

\$ _____ + \$ _____ = \$ _____ (USD)
 Registration Banquet Total

Printed programs available upon requested

- I would like to receive a printed copy of the program
(Only available for Early and Advance registrations)
- I do not want a printed program.
I will utilize the app or PDF version.

No refunds after October 20, 2017

Card Number

Expiration _____ / _____ (MM/YY)

Name on Card

Billing Address (if different)

City

State/Province Zip / Postal Code

Signature

Make Checks Payable To:

Evangelical Theological Society

Mail Form and Payment To:

Evangelical Theological Society

PO Box 776487

Chicago, IL 60677-6487

Fax Form To:

(888) 944 - 6328