

# 2009 SIIC REGISTRATION FORM

**Please print clearly and complete both sides of the form.**

Name \_\_\_\_\_ Gender  M  F

First name or nickname for nametag \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State \_\_\_\_\_

Country/Zip or Postal code \_\_\_\_\_

This address is  Home  Work  Both

Home/Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_

In case of an emergency, we should contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

## HOUSING

Housing is in modern residence halls with same-sex shared bathrooms. A semi-private double has two beds in one large room divided by a partition wall.

- Semi-private Double without A/C       Semi-private Double with A/C  
 Single without A/C       Single with A/C       Off-campus (*Participant to arrange own housing.*)

**Please send:**  \_\_\_\_\_ SIIC brochure(s)       \_\_\_\_\_ M.A. brochure(s)

Information about:       Intercultural Certificate Program  
    Intercultural Competence Assessment

**Before you purchase a nonrefundable airline ticket,** make sure you have written confirmation of your registration or contact ICI to verify your registration.

**Please mail or fax this form to:**

THE INTERCULTURAL COMMUNICATION INSTITUTE  
8835 SW Canyon Lane, Suite 238, Portland, OR 97225 USA  
Phone: (503) 297-4622 Fax: (503) 297-4695  
Email: [ici@intercultural.org](mailto:ici@intercultural.org) Web: [www.intercultural.org](http://www.intercultural.org)

*(Continued on next page)*

**SESSION I: July 15-17 (3-day workshop)**

1<sup>st</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

Off-campus: \$1010

On-campus: Semi-private Double: without A/C \$1455, with A/C \$1485. Single: without A/C \$1480, with A/C \$1495

Early-bird discount: \$-50\* \$ \_\_\_\_\_

**A SAMPLE OF SIIC: July 18 (1-day workshop)**

1<sup>st</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

Off-campus: \$360

On-campus: Semi-private Double: without A/C \$510, with A/C \$545. Single: without A/C \$530, with A/C \$550

On-campus: Continuing from Session I: \$-40

Early-bird discount: \$-25\* \$ \_\_\_\_\_

**SESSION II: July 20-24 (5-day workshop)**

1<sup>st</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

Off-campus: \$1650

On-campus: Semi-private Double: without A/C \$2255, with A/C \$2300. Single: without A/C \$2280, with A/C \$2315

Early-bird discount: \$-100\* \$ \_\_\_\_\_

**SESSION III a: July 27-31 (5-day workshop)**

1<sup>st</sup> Choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> Choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

Off-campus: \$1650

On-campus: Semi-private Double: without A/C \$2255, with A/C \$2300. Single: without A/C \$2280, with A/C \$2315

Early-bird discount: \$-100\* \$ \_\_\_\_\_

**SESSION III b: July 27-29 (3-day workshop)**

1<sup>st</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> choice: Workshop # \_\_\_\_\_ Title: \_\_\_\_\_

Off-campus: \$1010

On-campus: Semi-private Double: without A/C \$1455, with A/C \$1485. Single: without A/C \$1480, with A/C \$1495

Early-bird discount: \$-50\* \$ \_\_\_\_\_

**\*Early-bird discount requires registration and payment in full by June 1, 2009.**

Discount of \$50 per 3-day or 5-day 2009 workshop for former SIIC participants

or MAIR graduate students and alumni \$ - \_\_\_\_\_

Years and workshops attended, or Cohort # \_\_\_\_\_

Extra night(s) requested:  Saturday, July 18  Saturday, July 25

Semi-private Double without meals: \$35; with meals: \$70

A/C Semi-private Double without meals: \$45; with meals: \$80

Single without meals: \$40; with meals: \$75

A/C Single without meals: \$50; A/C Single with meals: \$85 \$ \_\_\_\_\_

**TOTAL: US \$** \_\_\_\_\_

**AMOUNT OF CURRENT PAYMENT**

\$100 deposit only (Final payment due prior to arrival.)  Total fee

**METHOD OF PAYMENT**

U.S. bank check or money order (enclosed)  Purchase order # \_\_\_\_\_

MasterCard  VISA  AmEx Acct # \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

Zip code where your credit card bill is sent \_\_\_\_\_