20th Anniversary Québec Winter Symposium  

Montreal Identities  
REGISTRATION FORM

Name: ________________________________________________________________
Institution: ______________________________________________________________
Department: _____________________________________________________________
City, State: _______________________________________________________________
Telephone (office): _________________________ (home): ________________________
Fax: _____________________________________ E-mail: ________________________

Please make checks payable to the Center for the Study of Canada
OR
Fill out your credit card information as indicated below:
Please circle one of these options: Visa / MasterCard / Discover
Credit Card #: __________________________________________________________
Expiration Date: _________________________________________________________
Signature: _______________________________________________________________

Lodging Options (Please check the appropriate line):
Single Occupancy at $375 US
_____ King bed  _____ Queen bed
_____ Smoking  _____ Non-Smoking

Please return this form and complete payment no later than March 14, 2008 to:
Christopher Kirkey, Ph.D.
Director, Center for the Study of Canada & Institute on Québec Studies
State University of New York College at Plattsburgh
133 Court Street
Plattsburgh, NY 12901
Fax# 518-564-2112

For further information, please contact Chris Kirkey at (518) 564-2394 or kirkeycj@plattsburgh.edu

*Please note that partial refunds of the program registration fee will be made to those QWS participants – who choose to withdraw from the Symposium – prior to February 23. After February 23, no refund in the program registration fee will be provided.