

REGISTRATION FORM

Government Spending on the Elderly

Friday and Saturday, April 28-29, 2006

Conference fee: \$100



NAME

TITLE

AFFILIATION

ADDRESS

PHONE

FAX

E-MAIL

NOTE: To reserve more than one place, please send complete information for each person who will attend.

I will attend on: ☐ Friday, April 28 ☐ Saturday, April 29

I will be present for the following meals:

April 28

April 29

Continental breakfast

☐☐

Lunch

☐☐

Reception

☐

Dinner

☐

☐ I prefer vegetarian meals.

Sign-in will begin both days 8:30 a.m.

breakfast at 9:00 a.m.

☐ Payment enclosed. Amount enclosed (\$100 per person) \$

Make checks payable to The Levy Economics Institute of Bard College.

☐ Bill my credit card. ☐ VISA ☐ MasterCard

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

ADDRESS (IF DIFFERENT FROM REGISTRATION FORM)

SIGNATURE OF CARDHOLDER

DATE

Please register by April 20.