

**2011 ANNUAL MEETING PREREGISTRATION FORM**  
**Linguistic Society of America**

Please provide all information and please print.

NAME: \_\_\_\_\_

NAME FOR BADGE: \_\_\_\_\_

INSTITUTIONAL AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CHECK IF YOU WILL NEED: \_\_\_\_\_ SIGN LANGUAGE INTERPRETATION \_\_\_\_\_ CHILD CARE

Registration Category	Amount	Total
Regular/Emeritus/Life	\$140	
Student	\$60	
Nonmember Regular	\$240	
Nonmember Student	\$105	
Under-/unemployed	\$70	
Add LSA Membership (New <input type="checkbox"/> or Renewal <input type="checkbox"/> )		
Regular	\$95/\$105*	
Student	\$40/\$50*	
Registration rates valid through 12/15/10	* =overseas hard copy rate	

TOTAL PAYMENT AMOUNT: \_\_\_\_\_

Check/Money Order      Credit Card      VISA      MasterCard

CARD NUMBER: \_\_\_\_\_ EXP DATE \_\_\_\_\_ VIN \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

**PLEASE SEND COPY OF INVOICE WITH PAYMENT AND REMIT**  
**TO: If a credit card payment, you may fax this form to:**  
**202-835-1717 If paying with a check, please send form and check**  
**to:**  
**Linguistic Society of America**  
 1325 18th Street, NW, Suite 211, Washington, DC 20036  
 202-835-1714; fax: 202-835-1717; email: [lsa@lsadc.org](mailto:lsa@lsadc.org)  
**FEIN#: 74-6043371**