



Spanish in the U.S. XXII Spanish in Contact VII

Thursday, February 19 -
Saturday, February 21, 2009

The Biltmore Hotel
Coral Gables, Florida

Department of Modern Languages &
Latin American and Caribbean Center

Registration Form

To register, please fill out all fields and return by fax or mail with payment. Registration includes 3-day conference participation, coffee breaks, and a group luncheon at The Biltmore Hotel on Friday.

All fields required. Note that we will use this e-mail address to communicate with you about your registration and conference related issues.

Name: _____ Position Title: _____

Organization: _____

Address: _____

City: _____ State _____ Postal Code: _____

Country: _____ Email: _____

Daytime Phone: _____ Fax: _____

Order Information

\$140 Registration Fee

*Free registration for FIU affiliates,
not including luncheon. All*

\$70 Student Registration

attendees must register.

\$50 FIU Affiliated Luncheon

Registration and payment must
be received prior to **Friday,
January 16, 2009** to receive this
discount. Cut off date for
luncheon reservations is **Friday,
February 6, 2009.**

+ \$10 Late Registration

Cancellation Policy: All cancellations will receive a refund
minus a \$10 administrative fee, if received by 3:00pm, Friday
February 13, 2009, or you will be charged the full amount. All
cancellations must be made by e-mail to Marielena.
Armstrong@fiu.edu, or fax to 305-348-3593.

Questions? Call Marielena Armstrong at 305-348-2894.

\$ _____ **Total**

Payment Method

Check or Money Order:

Checks payable to: Florida International University

Memo: Spanish in the US.

Mail check or money order along with completed form to:

Attn: Marielena Armstrong
Florida International University
Latin American and Caribbean Center
University Park, DM350
Miami, FL 33199

Credit Card:

Fax completed form to: 305-348-3593

Attn: Marielena Armstrong

Credit Card Type:

Visa

Mastercard

American Express

Discover Card

Credit Card Number: _____ Exp. Date: _____  CID#: _____ Total Amount: _____

Cardholder Authorized Signature: _____

I agree to pay Florida International University the registration fee total amount in accordance to the credit card issuer agreement.



Latin American and Caribbean Center
FLORIDA INTERNATIONAL UNIVERSITY