

Registration Form

(Registration and payment are also available through the website: www.chicagococal.org.)

Name _____

Mailing Address _____

Phone number(s) _____

Email address(es) _____

Affiliations

Institution(s) _____

Union(s) _____

Professional association(s) _____

Languages

Preferred language(s): _____

I can understand presentations in: _____

Translation will be provided based on need.

Check all that apply:

I teach at a . . .

- Community college
 Public College/University
 Private college/university
 For-profit school
 Other organization: _____

I consider myself to be . . .

- A union member
 A contingent instructor
 A potential "conference buddy" (see *Mentor Match-up in this brochure*)
 A new activist
 An elected or appointed union leader
 A paid union staff member
 A graduate employee
 A full-time non-tenure-track instructor
 A labor educator
 A researcher on contingent labor or higher education

Caucuses

Please indicate if you would be interested in participating one or more of the following caucuses. Members of these groups and allies are welcome.

- People of color
 Women
 Lesbian/Gay/Bisexual/Transgender
 Other: _____

Other Accommodations

Please list any special diet or accessibility concerns. Also, if you would like to take advantage of childcare, please list the ages of your children. We will do our best to accommodate you. Do not hesitate to contact us for more information.

Diet: _____
Accessibility: _____
Childcare: _____

Prickett/Wakefield Award

Optional: Nominate an activist for the award.

Registration Fee

Includes some meals

1. Early registration--*extended* (postmarked or submitted online by Apr. 9):
\$100 (U.S.)
2. Late registration (after Apr. 9):
\$150

Subtotal: _____

Optional Events

3. Saturday night dinner/open bar
\$30/person Subtotal: _____
4. Thurs. afternoon neighborhood mural tour
\$20/person Subtotal: _____
5. Mon. morning Haymarket labor history tour
\$20/person Subtotal: _____
6. Second City improvisational comedy event
\$15/person w/ registration
\$20/person at the door (Sunday night)
Subtotal: _____
7. Contribution to scholarship fund for participants without institutional funding.
Circle one: \$10 \$25 \$50

TOTAL ENCLOSED: \$ _____

-or-

TOTAL SUBMITTED VIA WEB: \$ _____

Fees may be paid by check submitted through the mail or credit card paid through our Web site. Make checks payable to Chicago COCAL.

Please complete and mail to:

Jocelyn Graf
COCAL VI Conference Coordinator
Roosevelt University; Box 187
430 S. Michigan Ave.
Chicago, IL 60605