

Registration Form
Tennessee Collegiate Honors Council
Annual Conference
February 13-14, 2009

Austin Peay State University
Clarksville, TN

Name _____ (please print legibly)

I am a ____ Student (\$20) ____ Faculty, administrator, or staff member (\$30)
See payment information at the bottom of the page. Charge includes Friday meal, program, student party, refreshments, Saturday luncheon, conference meals, and admission to all sessions.

Your name as it should appear on your nametag (with title, if appropriate)

College or University _____

Your E-Mail _____ Phone _____

Honors Director or Dean _____ and e-mail _____

What AV equipment, if any, will your presentation require?

Please mail this form with your payment (check only, payable to "APSU") to:

Dr. Linda Barnes
Austin Peay State University
PO Box 4487
Clarksville, TN 37044
ATTN: TCHC

PLEASE NOTE: We would appreciate receiving your registration by **February 6** to accommodate planning. After that date, please register at the door to assure timely receipt of payments. Thank you.

Questions? Registration and facilities: Dr. Linda Barnes barnesla@apsu.edu or _____

Program and scheduling: Dr. Rita Barnes ritabarnes@tntech.edu or (931) 372-3798

Accommodations at the Riverview Inn: www.theriverviewinn.com or (931)552-3331
Remember to ask for the TCHC special rate.