

# 2008 CIM Community Meeting Registration Form

Name \_\_\_\_\_ Name Tag Title \_\_\_\_\_

Address \_\_\_\_\_ Organization \_\_\_\_\_

\_\_\_\_\_ Topics of interest \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

I am:  a keynote presenter  a presenter  an attendee  a student  volunteer staff

Registration Fee paid by:  Master Card  Visa  Check  Cash  volunteer time

If you are comfortable mailing or faxing your credit card information please fill this out:

For Credit Cards:

Name as written on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I will attend:

Everything  Opening banquet  May 29 sessions  Taste of Buffalo  May 30 sessions

Please check choice for the opening banquet:

Beef  Chicken  Fish  Vegetarian

Other dietary restrictions: \_\_\_\_\_

Lodging:

Adam's Mark  Ramada  Holiday Inn  Campus housing  Other

I will arrive \_\_\_\_\_, 2008 at \_\_\_\_\_ AM/PM

I will leave \_\_\_\_\_, 2008 at \_\_\_\_\_ AM/PM

I  am/  am not interested in receiving tour information about the Buffalo/Niagara Falls/Toronto area

Mail to: International Center for Studies in Creativity  
Buffalo State College, Chase building Room 248  
1300 Elmwood Ave  
Buffalo NY, 14222

Fax to: 716-878-4040