



SUMMER CONFERENCE 2012

THE UNIVERSITY OF MISSISSIPPI
JULY 25-27, 2012
YERBY CONFERENCE CENTER
OXFORD, MISSISSIPPI

COBEC

Consortium for Belize Educational Cooperation

REGISTRATION FORM

NAME _____

INSTITUTION _____

ADDRESS _____

EMAIL _____

PHONE _____

I WILL ATTEND THE CONFERENCE ON WHICH OF THE FOLLOWING
DAYS? ___25TH ___26TH ___27TH

_____ I PLAN TO USE THE SHUTTLE ON JULY 24TH AT 9:30 P.M.

_____ I PLAN TO USE THE SHUTTLE ON JULY 27TH AT 1:30 P.M.

(REQUIRES CONFIRMATION BY EMAIL kshackel@olemiss.edu)

Payment of ___\$125 US member ___check in mail ___pay on site

Payment of ___\$125 BZ member ___check in mail ___pay on site

_____ I have special diet restrictions. Please Describe: