

*True Significance in the Academy:  
The Legacy of Christian Scholarship  
IICS 2009 Conference*

**Registration Form**

Please print out this form to register for the True Significance in the Academy conference. Once you have completed it, please send the form and payment information to: IICS, P.O. Box 12147, Overland Park, KS 66282-2147. Required items are in **bold**. The deadline for registering for the conference is July 7, 2009.

**Contact Information:**

**Title** (Mr., Mrs., Dr., Miss, Ms., etc.) \_\_\_\_\_

**First Name** \_\_\_\_\_

Middle Name \_\_\_\_\_

**Last Name** \_\_\_\_\_

Suffix \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State/Province** \_\_\_\_\_

**Zip/Postal Code** \_\_\_\_\_

Country \_\_\_\_\_

**Phone Number (Daytime)** \_\_\_\_\_

Phone Number (Work) \_\_\_\_\_

**Email** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Name of university or institution you are affiliated with (for nametag):**

\_\_\_\_\_

Spouse Name if attending (Title, First and Last Name) \_\_\_\_\_

Spouse name of university or institution affiliated with (for nametag):

\_\_\_\_\_

**How did you hear about the conference?**

\_\_\_\_\_

\_\_\_\_\_

**Request Vegetarian Meals?** \_\_\_\_\_

Would you like your contact information published in the conference attendees list?

\_\_\_\_\_

Please go to next page for fees and payment information.

**Fees:**

The conference registration fee includes registration, the conference manual and all lunch and dinner meals during the conference.

**Early Bird Discount: Receive 10% off if you register by May 29, 2009!**

___ Individuals @ \$295	Total: \$_____
___ Couples @ \$530	Total: \$_____
___ Academic rate* @ \$245	Total: \$_____
___ Academic couples rate* @ \$385	Total: \$_____
___ Grad student rate ** @ \$150	Total: \$_____
___ Grad student couples rate** @ \$290	Total: \$_____
Less 10% discount (if registering before 5/29/09):	\$_____
<b>Total Fees:</b>	<b>Total: \$_____</b>

\* The Academic rate is available to any individual or married couple of which at least one person is currently teaching 6 hours or more.

\*\* The Grad Student rate is available to any individual or married couple of which at least one person is currently enrolled in 6 or more credit hours of graduate classes.

**Payment:**

Please fill in your credit card information below or send a check made payable to "IICS" with your completed registration form to IICS, P.O. Box 12147, Overland Park, KS 66282-2147.

\_\_\_ **Visa**      \_\_\_ **MasterCard**      \_\_\_ **American Express**      \_\_\_ **Discover**

**Exact Name on Card** \_\_\_\_\_  
**Credit Card Number** \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_      **Security Code** \_\_\_\_\_  
**Authorization signature** \_\_\_\_\_

**Comments** \_\_\_\_\_  
\_\_\_\_\_

**Cancellation Policy:** You may cancel your conference registration (if done by July 7, 2009) by contacting us at IICS, P.O. Box 12147, Overland Park, KS 66282-2147, Phone: 913-962-4422 or 1-800-776-4427 or Email: [conference@iics.com](mailto:conference@iics.com). **Please note that there is a non-refundable \$30 registration deposit per person.** The remainder of your registration fee will be refunded to you after your cancellation request has been received.

**Thank you for registering for the True Significance in the Academy conference! Please send your completed registration form along with a check or credit card information to: IICS, P.O. Box 12147, Overland Park, KS 66282-2147. A confirmation letter will be sent to you by mail. Please call 1-800-776-4427 or email [conference@iics.com](mailto:conference@iics.com) with any questions.**