



REGISTRATION FORM

SVHE 95th Annual Meeting

Loyola University, Chicago IL

July 10-14, 2019

Society for Values in Higher Education

c/o Western Kentucky University PO Box 8020, Bowling Green, KY 42101

phone: 270.745.2907 fax: 270.745.5374 email: society@svhe.org website: www.svhe.org

PERSONAL INFORMATION

Please state name as you wish it to appear on nametag

1st Registrant Information

First name	Last name		
Mailing Address	City	State	Zip
Home phone #	Cell phone #	Email address	

2nd Registrant Information

First name	Last name		
Mailing Address (if different)	City	State	Zip
Home Phone #	Cell Phone #	Email address	

Family Information:

Child Care Requested: YES NO

Child 1: First name	Last name	AGE (required)
Child 2: First name	Last name	AGE (required)
Child 3: First name	Last name	AGE (required)

Special needs of any attendee

Please Explain: (ADA/Dietary) _____

REGISTRATION FEES

18 and under = no registration fee

● **EARLY BIRD: *postmarked by June 1st ***

Member _____ X \$235= _____

Spouse/Partner _____ X \$200= _____

Non-Member _____ X \$265= _____

Local Attendees, Call for Papers,
Contingent Faculty _____ X \$125= _____

Student _____ X \$95 = _____.

● **AFTER JUNE 1ST**

Member _____ X\$265= _____

Spouse/Partner _____ X\$225= _____

Non-Member _____ X\$290= _____

Local Attendees, Call for Papers,
Contingent Faculty _____ X \$125= _____

Student _____ X \$95 = _____.

*** Special Registration – For non members ****

Registration plus one year membership _____ X \$270= _____

Subtotal of Registration Fees \$ _____

Room and Board

(semi-private bath, sheets, blanket, pillow, towel and washcloth provided)

Dinner on Wednesday and Saturday night are NOT included in any meal plan

These meals are covered by your registration fee and will be held at a location outside of the cafeteria.

Single Room - # of adults _____ X \$550 (includes full meal plan) \$ _____

Double Room - # of adults _____ X \$450 (includes full meal plan) \$ _____

If double, preferred roommate _____

*****NO CANCELLATIONS after July 1st or a contract fee of \$100.00 per room will be charged*****

Additional Meal Plans

**** These Meal plans are for those NOT staying in the dorm OR children staying in dorm with parents****

Children under 6 eat free/ 6 and older pay full price

Full Meal Plan - # of adults _____ X \$152.00 = _____

Limited meal plan - # of adults _____ X \$116.00 = _____

Dinner on Wednesday and Saturday night are NOT included in any meal plan

These meals are covered by your registration fee and will be held at a location outside of the cafeteria.

Because meals can also be purchased individually at the cafeteria with cash or a credit card,
we are not offering a limited meal plan.

Hotel Information

A block of rooms has been reserved at the Hampton Inn Chicago North/Loyola Station which is adjacent to campus. The rate for a room with one or two queen beds is \$169 on Wed/Thurs and \$189 on Fri/Sat. This rate includes breakfast. To make a reservation, call 1-800-426-7866 and request the group rate for the Society for Values in Higher Education. **Reservations must be made by Wednesday, June 12th, 2019.**

CONTRIBUTIONS

Travel fund donation to assist Fellows in need \$ _____
Other Charitable Donation to SVHE \$ _____

Parking

All vehicles on campus are required to have a parking pass. Passes are \$7 per day and will allow you to park in one of the University's parking structures. Please indicate if you would like to purchase a parking pass.

of days _____ X \$7.00 \$ _____

REQUEST FOR FINANCIAL ASSISTANCE

(Subject to approval and availability of funds)

Explanation of need: _____ Requested amount \$ _____

Please Total All Fees and Contributions \$ _____

Subtract Assistance Requested \$ - _____

BALANCE DUE \$ _____

PAYMENT INFORMATION

Payment Type: Check Enclosed Credit Card

Type of Card: Visa MasterCard Discover American Express

Name as it appears on Credit Card: _____

Credit Card Number: _____ Exp. Date: ____/____

CVC# (3 or 4 digit code on back of card) _____

Credit Card Billing Address _____
Street Zip

Authorized Signature _____
(Required for credit card processing) Date

Phone number associated with account _____

Morning Group Seminars – 2019

Morning Groups run for 4 days, from 9:00 am – Noon each day

Morning seminars will be capped at 15 participants. Additional participants will be added solely at the discretion of the convener. Most groups have some advance reading; please contact the convener for that information so that you are able to fully participate with the group discussions.

Celebrating the Search in the Third Age of Life

Convener: Carol Ochs cochs@earthlink.net

Historical Fiction

Convener: Mary Papke Papke@utk.edu

Modes of Teaching

Conveners: Melly Howard melanie.howard@fresno.edu and Amy Berger pangaia16@yahoo.com

Reclaiming your Writing Time and Space

Conveners: Julie Phillips Julie.phillips@hc.msu.edu and Diane Doberneck

Pop Culture

Convener : Judy Meschel meschelja@aol.com and Kent Tonkin kptonkin@gmail.com

Theorizing Culture

Conveners: Eric Bain-Selbo ebainsel@iu.edu and Allen Dunn ardunn@utk.edu

For more details on each Morning Seminar please see enclosed sheet or go to the SVHE website at www.svhe.org

Please list Morning Group preference for each registrant:

Registrant Name: _____

1st Choice: _____ 2nd Choice _____

Registrant Name: _____

1st Choice: _____ 2nd Choice _____

For office use only

Rec'd _____ *CK#* _____ *QB* _____ *CRM* _____ *XCEL* _____