

Registration Form  
 American Literary Translators Association (ALTA) 34<sup>th</sup> Annual Conference  
 November 16–19, 2011  
 InterContinental Kansas City at the Plaza      Special Room Rate Deadline: October 24  
 Reservations: 866-856-9717                      (Group Code: Amer Literary Translators Assoc)

**Personal Information**

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Province/Country \_\_\_\_\_  
 E-mail \_\_\_\_\_ Language(s) you translate \_\_\_\_\_

**Registration Options\***

\*Except for one-day registration, each option includes all speeches, panels, workshops, and receptions, as well as all coffee breaks and the Saturday morning breakfast buffet.

**Advance Registration (must be postmarked by October 15)**

	<u>Member Rate (all current members or register below for 2011)</u>	<u>Non-member Rate</u>
<b>Standard</b>	<input type="checkbox"/> \$100 (\$120 after October 15 or at conference)	<input type="checkbox"/> \$120 (\$140)
<b>Senior (65+)</b>	<input type="checkbox"/> \$ 70 (\$90)	<input type="checkbox"/> \$ 90 (\$110)

Additional Options (all students and one-day attendees)

**Student**       \$ 50 (Name of Institution: \_\_\_\_\_)

**One-Day**     \$ 50 (\$70)     Thursday     Friday     Saturday

**RSVP (all attendees)**     Thursday Night Reception     Saturday Morning Breakfast Buffet

**Cancellation Policy:** Full refunds will be given for all cancellation requests received by **October 15**.

**Membership Registration (not required for conference participation)**

<input type="checkbox"/> Renewing Member	<input type="checkbox"/> New Member	
<input type="checkbox"/> 2011	<input type="checkbox"/> 2012	
	<input type="checkbox"/> U.S./Canada Individual	\$ 80
	<input type="checkbox"/> International (all)	\$100
	<input type="checkbox"/> Senior (65+)	\$ 60
	<input type="checkbox"/> Student (Institution: _____)	\$ 20
	<input type="checkbox"/> Joint Household (unless international)	\$100
	<input type="checkbox"/> International Joint Household	\$120
	<input type="checkbox"/> Lifetime Membership	\$1,500
	<input type="checkbox"/> Gift to ALTA Endowment	_____

**Method of Payment**

<input type="checkbox"/> <b>Check, Money Order (payable to ALTA in U.S. funds)</b>	<b>Total Amount \$</b> _____
<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	<b>Total Amount \$</b> _____
Number: _____	Expiration (mm/yy): _____
Name on card: _____	<b>Signature:</b> _____

After completing this form, please fax (972-883-6303) or mail (**with payment or CC authorization**):

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 The University of Texas at Dallas  
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For questions or comments, please e-mail [maria.suarez@utdallas.edu](mailto:maria.suarez@utdallas.edu) or call (972-883-2093).