

ARM/MAMAPALOOZA
MOTHERS GONE MAD: MOTHERHOOD AND MADNESS
OPPRESSION AND RESISTANCE CONFERENCE

May 28-30, 2009 New York City, NY
NOLA STUDIOS, 250 W.54th St. (Between Broadway and 8th)

REGISTRATION FORM AND INFORMATION PACKAGE
Please complete these forms and return with payment to the address below
by April 15, 2009 FINAL DEADLINE

Make cheques payable to "YORK UNIVERSITY" *You may also pay by credit card (see forms below) *credit card payments and forms may be faxed to 416-736-5766/all others/please send via regular mail to address on pg 2.

REGISTRATION FEES

REGULAR FULL 3 -DAY CONFERENCE \$250.00
REGULAR DAY RATE: \$125.00 PER DAY

STUDENT FULL 3-DAY CONFERENCE \$175.00
STUDENT DAY RATE: \$100.00 PER DAY
(Students must submit a photocopy of their student card at time of registration)

I PLAN TO ATTEND (PLEASE CHECK OFF BELOW WHICH DAYS YOU'LL BE ATTENDING):

FULL 3-DAY CONFERENCE _____

THURS _____ FRI _____ SATURDAY _____

Name _____

Address _____

Phone _____ Email _____

Audio/Visual Requirements

***(PLEASE NOTE, THE FORM BELOW IS FOR CONFIRMATION OF A/V REQUIREMENTS YOU'VE ALREADY ALERTED US TO. PLEASE ONLY REQUEST A/V EQUIPMENT THAT IS INTEGRAL TO YOUR PRESENTATION (IE) IF YOU'RE USING AN OVERHEAD FOR SUMMATION OF YOUR POINTS/TALK = PLEASE PROVIDE HANDOUTS INSTEAD. WE ONLY HAVE THE USE OF ONE TV/DVD AND ONE OVERHEAD PROJECTOR FOR THE DAY. THERE WILL BE NO POWERPOINT PRESENTATIONS AT THIS CONFERENCE. COSTS ARE PROHIBITIVE.)**

I require:

Overhead projector and screen _____

DVD and TV _____

CD player/small speakers _____

for my presentation (please check off a/v requirements)

for panel/workshop # _____

CHAIR Volunteers

I would like to volunteer to CHAIR panel/workshop # _____

***(Chairing responsibilities: brief introduction of speakers/papers and moderation of questions and discussion at the end of the panel/workshop). We need a Chair for each panel and each workshop. You may Chair your own panel if preferred. Thank you in advance for volunteering.**

Association for Research on Mothering (ARM)
726 Atkinson, York University, 4700 Keele Street
Toronto, Ontario, Canada, M3J 1P3
Fax: (416) 736-5766
Tel: (416) 736-2100 x 60366 arm@yorku.ca
CREDIT CARD PAYMENTS

Please complete the form below, and mail or fax it along with the details of your to:

Association for Research on Mothering (ARM)
726 Atkinson, York University, 4700 Keele Street
Toronto, Ontario, Canada, M3J 1P3

Fax: (416) 736-5766

I _____ authorize an automatic debit on my credit card
for the amount of \$_____.

Credit Card: ____ (VISA) ____ (MC)

Card # _____

Expiry Date (mm/yy) _____

Name as it Appears on Card

Card Holder Signature

Date _____