

**Performing Feminist Motherhood:
Outlaw Mothers in Music, Media, Arts and Cultural Expression
May 16, 2008 - 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, 2008 DEADLINE.

**Make cheques payable to ARM. *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 FEE FOR FULL DAY CONFERENCE \$125.00

Name _____

Address _____

Phone _____ Email _____

Audio/Visual Requirements

***(PLEASE NOTE, THIS FORM 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. 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 _____