## QUEERING IRELAND 2017 19<sup>th</sup> Annual USC Comparative Literature Conference

May 19-20, 2017

Darla Moore School of Business, University of South Carolina 1014 Greene Street, Columbia, SC 29208

Personal Information
Please type your information as you would like it to appear on conference materials.
First Name* Last Name*
Organization*Professional Title*
Primary Phone* Email*
Address*
City*         State / Territory / Province         Zip         Country*
* Indicates Required Field.
Degiatration
Registration
Registration:
Regular \$100
Graduate Students / Unaffiliated Scholars Complimentary
Conference Donation Amount (please circle one) \$10 \$25 \$50
TOTAL \$
Special Assistance   Requests
Please indicate if you need any form of assistance or accommodations either with the hotel or conference facilities. Please be as
specific as possible.
Please indicate if you have any dietary restrictions or special requests.

## Questions

If you are experiencing difficulties with the registration process or have general questions regarding the conference please contact Conference & Event Services at +1-803-777-9444 or confs@mailbox.sc.edu

Program questions can be directed to <a href="mailto:esykes@mailbox.sc.edu">esykes@mailbox.sc.edu</a>

## Cancellation Policy

There will be no refunds issued; however, substitutions are welcome at the conference by contacting <a href="mailbox.sc.edu">confs@mailbox.sc.edu</a> or +1-803-777-9444.

## **Method of Payment (Mail or Fax)**

CEC Office Use Only:							
DATE:	MTH	\$	APPVL	A	CC 4	Exp	
Please complete	e the payment informa	ation and mail thi	s registration form wit	th your payment to:			
Continu Univers 1600 H	ng Ireland 2017 uing Education and C sity of South Carolina lampton Street, Suite bia, SC 29208 USA	403					
You may FAX y	our registration to	+1-803-777-2663	3.				
Make all method	ls of payment payable	e to the <b>Univers</b> i	ity of South Carolina	1.			
If you wish to cha	arge your fees, enter	your account nu	mber and sign below				
☐ Check	☐ IIT (US	☐ IIT (USC Departments Only) Account					
☐ Mastercard	☐ Americ	an Express	☐ VISA	☐ Discover			
PLEASE PRINT The charge on y		nent will appear f	rom the University of	South Carolina			
Name on Card:							
Cardholder Signature:				Date:			
CVV Number: Card Number:					Expiration:		

Please do not scan and email this form with credit card information. It is not secure and will not be accepted