



“Echoes of Transformation”

April 4th, 2008

Sponsored by Kutztown University’s Lambda Nu Chapter of Sigma Tau Delta

Participant’s name (as you wish your name to appear on your badge):

Address:

_____ Phone : _____

_____ Email : _____

School affiliation:

Please select one: Student _____ Faculty _____

Presentation title:

Audio/visual Equipment Requested:

Conference fees:

Non-Kutztown University affiliation: \$25 _____

(Lunch is on your own: on and off campus eateries are available)

Enclose a check payable to Carl Seiple. Please send this form and the check to:

Professor Carl Seiple
104 B Lytle Hall
Kutztown University
Kutztown, PA 19530

All fees are non-refundable.