

**Registration Form for Payment by Check**  
**(If paying by credit card, submit online form INSTEAD.)**

**“Japanese Language Workshop”**  
**Saturday April 10<sup>th</sup>, 2010, 9:00am, Van Hise 104**

NAME \_\_\_\_\_  
Title/Position \_\_\_\_\_  
School Name \_\_\_\_\_  
School District \_\_\_\_\_  
SUBJECTS taught \_\_\_\_\_  
GRADE level(s) taught \_\_\_\_\_  
SCHOOL Address \_\_\_\_\_  
City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
School Telephone \_\_\_\_\_  
School Fax # \_\_\_\_\_  
HOME Address \_\_\_\_\_  
City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
EMAIL \_\_\_\_\_

**Final Registration Deadline: March 26<sup>th</sup>, 2010**

Workshop size is very limited to provide more individualized attention. Your registration will not be processed and a space in the workshop will not be reserved for you until payment is received.

**Registration Fee: \$30.00**

**To Pay by Check:**

Make check payable to “Center for East Asian Studies”.

**Print and fax or email this form first, then mail hardcopy of form with check to:**

**Attn: Japanese Language Workshop Reservations**  
**Center for East Asian Studies**  
**University of Wisconsin - Madison**  
333 Ingraham Hall, 1155 Observatory Dr.  
Madison, WI 53705  
Tel: 608/262-3643  
Fax: 608/265-2919  
E-mail: eas@intl-institute.wisc.edu

**LODGING AND/OR TRAVEL SCHOLARSHIP APPLICATION:**

\*Deadline: March 1<sup>st</sup>, 2010

\_\_\_\_\_ **I would like to apply for a scholarship to cover lodging expenses**

I will arrive \_\_\_\_\_ **Friday, April 9<sup>th</sup>** \_\_\_\_\_ **Saturday, April 10<sup>th</sup>**

I will depart \_\_\_\_\_ **Saturday, April 10<sup>th</sup>** \_\_\_\_\_ **Sunday, April 11<sup>th</sup>**

Total number of nights lodging \_\_\_\_\_

\_\_\_\_\_ single room rate (\$70)

\_\_\_\_\_ ½ of double room rate ( ½ of \$90 = \$45 per person ). Sharing with: \_\_\_\_\_

\_\_\_\_\_ **I would like to apply for a scholarship to reimburse mileage expenses to and from the workshop in Madison, WI.**

Name your starting point for round-trip travel to Madison \_\_\_\_\_ **Estimated round-trip mileage:** \_\_\_\_\_

**SPECIAL NEEDS:** Please indicate any special dietary or access needs (feel free to use additional space or to attach a letter):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions? Contact us at eas@intl-institute.wisc.edu