

NEES 2000 REGISTRATION

NAME: _____

TITLE: _____

DEPARTMENT: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ FAX: _____

ANTICIPATED ARRIVAL: (date & time) _____

ANTICIPATED DEPARTURE : (date & time) _____

LODGINGS: _____ Mt. Hope Farm (please reserve rooms by contacting Sandy Zepka at 413-597-2346)

_____ I have made a reservation at _____

DIETARY RESTRICTIONS ? _____

CAR LICENSE PLATE & STATE (for parking permit purposes): _____

TOPIC(S) YOU WOULD LIKE TO DISCUSS AT THE MEETING:

REGISTRATION FEE: \$70.00 per person.

Fee includes Friday reception and dinner; Saturday breakfast, lunch, excursion expenses, reception and dinner; and Sunday breakfast.

If staying at Elm Tree House, please include room fee.

Please make checks payable to:

CES/Williams College, P.O. Box 632, Williamstown, MA 01267

----- Deadline for registration: October 23, 2000 -----