

2012 Eastern European Research Workshop

Conference Registration Form

Contact Information (please print or type)

First name Middle Initial Last Name

Preferred Name (for badge)

Organization or Institution

Mailing Address

City State Zip

Home or Work Phone Cell Phone

Email Address

Conference Registration

Full Registration

Includes all three days of workshops, conference syllabus, consultation, and closing luncheon

Early-Bird (postmarked by Jun 1) \$120.00 \$_____

Regular (postmarked after Jun 1) 140.00 \$_____

Single Day Registration

Includes one day of workshops and consultation only

☐ Thursday ☐ Friday ☐ Saturday x 60.00 \$_____

Optional Events and Extra Tickets

Networking Luncheon, Thursday 19.00 \$_____

Networking Luncheon, Guest ticket 19.00 \$_____

Family History Library Tour, Thursday 0.00 \$_____

Closing Luncheon, Saturday, Guest ticket 22.00 \$_____

Syllabus (for single day registrants) 15.00 \$_____

Total Registration Fee \$_____

Consultation Request

Please select one:

- ☐ Beginning Consult: Finding Immigrant Ancestors
- ☐ Research Consult: Records and Resources
- ☐ Advanced Consult: Assistance with a "Brick Wall"
- ☐ No consultation needed

A detailed questionnaire will be sent to you with conference confirmation to assist us in preparing for your needs.

Which Sessions will you be Attending?

Please check which track you plan to attend each day:

Thursday (check one)

- ☐ Jewish Research
- ☐ Balkans/German Russian
- ☐ Getting Started

Friday (check one)

- ☐ Czech Research
- ☐ Polish Research
- ☐ Records and Resources

Saturday (check one)

- ☐ Russian Research
- ☐ German Research
- ☐ Records and Resources

Saturday luncheon (check one)

- ☐ I will be attending
- ☐ I will not be attending

Special Requests

Reasonable accommodations are available for persons with disabilities and special dietary needs. Requests or modifications should be submitted by July 1st to assure material preparation and food availability.

- ☐ Please check this box if you have any disability that requires special materials, access, or services. Please describe accommodations required: _____
- ☐ Please check this box if you have special dietary restrictions. Additional information will accompany confirmation.

Please mail this registration form with payment (check or money order) to:

FEFHHS 2012 Workshop Registration, Post Office Box 321, Springville, Utah 84663

Registration Policy: Payment must accompany registration. Payment may be made by credit card via online registration or by check/money order using this mail-in form. Confirmation/receipt will be sent via email within three working days of processing.

Cancellation Policy: Refunds, less a \$50 service fee, will be made if written request is postmarked by 15 June 2012.