



**Registration Form**  
**Southern Regional Honors Council**  
**33rd Annual Conference**  
**Baton Rouge Marriott, Baton Rouge Louisiana**  
**March 31-April 2, 2005**

Name: \_\_\_\_\_

College or University: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Expected date of arrival at the Baton Rouge Marriott: \_\_\_\_\_

Please check the appropriate registration tier:

**Student Conference Fee**

\_\_\_\_\_ \$115.00 if postmarked by March 1, 2005

\_\_\_\_\_ \$145.00 if postmarked after March 1, 2005 or on site

\*\*\*Rates are for SRHC members

**Faculty/Administrator/Staff Conference Fee**

\_\_\_\_\_ \$130.00 if postmarked by March 1, 2005

\_\_\_\_\_ \$145.00 if postmarked after March 1, 2005 or on site

\*\*\*Rates are for SRHC members

**Non-Member Conference Fee**

\_\_\_\_\_ \$145.00

**Guest Conference Fee**

\_\_\_\_\_ \$87.00

Note to Directors: Please duplicate this form for each student, faculty member, staff member, or administrator attending the conference from your school. Return separate forms along with the check in the same envelope (a single check for several forms is acceptable.) Please make checks payable to the SRHC (tax ID: 56-1406660.) Please mail to Conference Coordinator:

**Dr. Liza Davis, Director of the Honors Program**

**Kennesaw State University**

**1000 Chastain Road, Mailbox # 1802**

**Kennesaw, GA 30144-5591**

**Tel: (770) 423-6116 Fax: (770) 423-6748**

**E-mail: ldavis@kennesaw.edu**

\*\*\*If you require any special assistance, please contact Dr. Liza Davis.