

**ARCHAEOLOGICAL INSTITUTE OF AMERICA &  
SOCIETY FOR CLASSICAL STUDIES  
ANNUAL MEETING REGISTRATION FORM  
JANUARY 3-6, 2019 SAN DIEGO, CA**

Please return to: AIA/SCS 2019 Registration  
C/O Showcare Event Solutions, 1200 G Street NW-Suite 800, Washington, DC 20005-6705  
E-mail: aia-scs@showcare.com • Fax: (514) 289-9844 • Joint Annual Meeting Call Center: (514) 380-5387

**REGISTRANT INFORMATION:**

*Please print or type your name and affiliation as you want it to appear on your badge*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Institution/Affiliation: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ Spouse/guest name (if attending): \_\_\_\_\_

Optional Emergency Contact Name and Phone Number \_\_\_\_\_

Please check here if you have a disability or require special accommodations to attend the Annual Meeting

**AFFILIATION:**

**Part A** Check one only: SCS Member  AIA Member  AIA/SCS Joint Member  Non-Member

**Part B** Non-members, which **ONE** complimentary program you would like to receive: SCS  or AIA

**Part C** Please check all that apply: Avocational member  This is my first Joint Annual Meeting

**REGISTRATION FEES:**

	ON/BEFORE November 9, 2018	AFTER November 9, 2018	
Member SCS or AIA	\$170.00	\$219.00	\$ _____
Student Member	\$57.00	\$79.00	\$ _____
***Contingent Faculty/Unemployed Member	\$82.00	\$102.00	\$ _____
***Contingent Faculty/Unemployed Non-Member	\$130.00	\$150.00	\$ _____
Non-Member	\$258.00	\$307.00	\$ _____
Student Non-member	\$118.00	\$140.00	\$ _____
Spouses/Guests	\$85.00	\$108.00	\$ _____
Add'l Exhibition Booth Personnel	\$74.00	\$100.00	\$ _____
One-day Registration: (circle) 3rd 4th 5th 6th	\$124.00	\$147.00	\$ _____
One-day Exhibit Hall Pass: (circle) 3rd 4th 5th 6th	\$39.00	\$56.00	\$ _____
EAA Member	\$170.00	\$219.00	\$ _____
		<b>Total Registration Fees:</b>	\$ _____

\*\*\* "Contingent faculty are professionals in Classics and/or Archaeology or a related field who derive their livelihood from an academic or professional position that does not provide retirement/health benefits. The definition of contingent also applies to those based outside the US in part-time positions who are covered by national benefit programs".

**SPECIAL EVENTS FEES:**

Opening Night Reception: January 3rd, 2019, 7-9 p.m.      Number of tickets @ \$35 each / \$27 student fee      \$ \_\_\_\_\_  
**Total Special Events**      \$ \_\_\_\_\_

**CONTRIBUTIONS:**

SCS Minority Student Scholarship Fund-Raising Raffle	_____ Number of Tickets @ \$10 each or 3 for \$25	\$ _____
Additional Donation to SCS Annual Giving Campaign		\$ _____
Additional Donation to AIA Annual Giving Campaign		\$ _____
Additional Donation to AIA Student Annual Meeting Participation Fund		\$ _____
<b>Total Contributions:</b>		\$ _____

**PUBLICATIONS:**

- SCS and AIA members who attend the Meeting will receive their respective Association’s Programs in San Diego at no charge.
- SCS members not attending can obtain a Program free of charge by making a written request to the SCS office in New York.
- If **NOT** attending the annual meeting, send your publications order to the SCS or AIA Office and be sure to include postage  
**PER ITEM:** \$5.00 in North America; \$8.00 elsewhere.

Abstracts: _____SCS copies _____AIA copies	\$12.00 each	\$ _____
Program: _____SCS copies _____AIA copies	\$8.00 each	\$ _____
<b>Total Publications Cost:</b>		\$ _____
<b>Total Expenses:</b>		\$ _____

**PAYMENT METHOD:**

- Check:** Please make check(s) payable to AIA/SCS Annual Meeting.  
 Checks must be drawn on a US Bank, payable in US Dollars, and there is a \$20 service charge for all returned checks.

- VISA**       **MasterCard**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder’s Name: (Please Print): \_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_

Billing Address:  Check if different from mailing address: \_\_\_\_\_

**PLEASE NOTE:** All cancellations must be made IN WRITING or via E-MAIL directly to SHOWCARE EVENT SOLUTIONS. Requests must be RECEIVED by December 22, 2018 and are subject to a \$15 administrative fee.

**AIA/SCS ANNUAL MEETING CONSENT\***

**REQUIRED**

- I have read the **AIA, SCS and Showcare Privacy Policy Statements** found at, <https://classicalstudies.org/annual-meeting/privacy-policies>, and I am aware that my information will be used for purposes pertaining solely to the AIA/SCS Annual Meeting registration.

**OPTIONAL**

**I give my consent to have my contact information shared with:**

- Partner hotels of the AIA/SCS Annual Meeting to ensure that I have secured the negotiated discounted room rate and I am added to the annual meeting room block at the hotel.
- App Vendor in order to grant me access to the services provided by the AIA/SCS App.
- AIA/SCS Offices for the purpose of communications subsequent to the meeting regarding annual meeting surveys and future meetings.

