

REGISTRATION FORM

The 54th Annual Conference of the International Council of Fine Arts Deans

with

Alliance for the Arts at Research Universities (www.a2ru.org)

Association of Independent Colleges of Art and Design Chief Academic Officer Meeting (www.aicad.org)

Canadian Association of Fine Arts Deans (www.cafad.ca)

The Halifax Marriott Harbourfront

Halifax, Nova Scotia, Canada

October 18 – 20, 2017

Crossing Boundaries

Each member of an institution is respectfully requested to complete one registration form, which may include a significant other traveling with you.

Name of Individual Attending: _____

Name as it should appear on name tag (if different/nickname): _____

Title: _____

Institution: _____

School: _____

e-mail address: _____

please check here if this is your first ICFAD Conference: _____

- All Conference Registrants: \$425
- Companion (Spouse / Significant Other) Fee: \$350

Please make your check payable to ICFAD and mail it to P.O. Box 331, West Palm Beach, FL 33402, or

- VISA
- MasterCard

Card Number: _____

Expiration Date: _____ CCV Number: _____

Billing Zip Code: _____

- vegetarian
- vegan
- gluten free
- food allergies – please describe: _____

Registrants are members of (please check all that apply):

- ICFAD
- CAFAD
- AICAD
- A2RU

Questions? Please contact Alison Pruitt at (561) 514-0810 or alison@icfad.org