

REGISTRATION FORM
TRI-STATE ACADEMY OF LEGAL STUDIES IN BUSINESS
2008 ANNUAL MEETING and CONFERENCE
OCTOBER 24th and 25th
SOUTH BEND, INDIANA

WHERE:

Hilton Garden Inn and Conference Center
South Bend, Indiana
Telephone: 574.232.7700 Fax: 574.232.7711
Booking Reference: Tri-State Academy

CONTACT:

Joel Tuoriniemi
School of Business and Economics
Michigan Technological University
1400 Townsend Drive
Houghton, MI 49931
Telephone: 906.487.1877 Fax: 906.487.2944
Email: jtuorin@mtu.edu

_____ **YES! I plan on attending the 2008 Annual Meeting and Conference**

Name:
Institution:
Address:
Email:
Telephone #:

Conference Fees: (check all that apply)

- _____ \$ 5.00 2007 Tri-State Membership Dues
- _____ \$35.00 Proceedings (if unable to attend conference)
- _____ \$75.00 *Registration Fee for First Time Participants*
- _____ \$125.00 Early Registration Fee (if received by October 3, 2008)
- _____ \$150.00 Regular Registration Fee (if received by October 17, 2008)
- _____ \$175.00 Late Registration Fee (received after October 17, 2008)

REGISTRATION INCLUDES *Proceedings*, Academic Sessions, Friday evening dinner reception, and refreshments. NOTE: Dues are separate.

_____ \$50.00 Friday evening dinner reception and activities charge per guest.

TOTAL ENCLOSED \$ _____ (Make check(s) payable to Tri-State ALSB.) (No credit cards please.) **Send check and registration/participation form to Joel Tuoriniemi at the address listed on the participation form.**

**TRI-STATE
PARTICIPATION FORM
2008 Annual Meeting and Conference, October 24-25, 2008
South Bend, Indiana**

Name: _____

_____ I would like to present a paper.

Paper topic:

Paper Title:

(Please attach a 100 word abstract and list the names of all
co-authors and their institutions.)

You must send the title, name(s) of author(s), and abstract by October 3, 2008.

Preferred time for presentation (please note **first and second choices**)

_____ Friday, 1:30 p.m

_____ Friday, 3:00 p.m

_____ Saturday, 9:00 a.m.

_____ Saturday, 10:45 a.m.

_____ No preference

_____ I would like to participate in Saturday's Senior Scholar Review Session (Refer to 2008 Meeting Announcement for details).

I am willing to serve as a session moderator. My preferred times are:

_____ Friday, 1:30 p.m

_____ Friday, 3:00 p.m

_____ Saturday, 9:00 a.m.

_____ Saturday, 10:45 a.m.

Distinguished Service Award – I would like to nominate _____
for the following reasons: (Attach separate sheet(s) if necessary).

***Please return this form along with the Registration Form and check(s) to:**

Joel Tuoriniemi
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Michigan Technological University
1400 Townsend Drive
Houghton, MI 49931