

ADVISOR REGISTRATION FORM

**36th ANNUAL WESTERN DEPARTMENTS OF
SOCIOLOGY AND ANTHROPOLOGY
UNDERGRADUATE RESEARCH CONFERENCE
Saturday, April 4, 2009
8:00 a.m. - 5:00 p.m.**

Name _____ Affiliation _____

E-mail _____

Included in the day's activities will be a luncheon honoring the Conference presenters. The Luncheon speaker will be **announced at a later date**. The price of the luncheon for non-presenters, is \$30.00 per person. Please indicate below whether you will be attending the luncheon:

_____ Yes, I will be attending the luncheon. (Buffet lunch will be served, there will be vegetarian items)

_____ No, I will not be attending the luncheon.

Please return this form and your check (if attending the luncheon), **made payable to SANTA CLARA UNIVERSITY**, no later than **March 4, 2009** to:

**Sandra Chiaramonte, SAA/Office Manager
Departments of Anthropology and Sociology
O'Connor Hall, room 329
Santa Clara University
Santa Clara, CA 95053**

If you have any questions, please call 408/554-2794 or Fax 408/554-4189.