

REGISTRATION FORM

The 57th Annual Conference of the International Council of Fine Arts Deans

Richmond Marriott · Richmond, Virginia · October 6 – 8, 2021

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: _____

- ICFAD Member: \$575
- Non-Member: \$695
- Companion (Spouse / Significant Other) Fee: \$425 (includes all meals and receptions)

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

- VISA or MasterCard

Card Number: _____

Expiration Date: _____ CCV Number: _____ Billing Zip Code: _____

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

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