



Linguistic Society of America

### 2014 Annual Meeting Preregistration Form

NAME: \_\_\_\_\_ NAME FOR BADGE: \_\_\_\_\_

INSTITUTIONAL AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CHECK IF YOU WILL NEED: \_\_\_\_\_ SIGN LANGUAGE INTERPRETATION \_\_\_\_\_ CHILD CARE

Registration Category	Amount	Total
Regular/Emeritus/Life	\$190	
Student	\$70	
Nonmember Regular	\$290	
Nonmember Student	\$115	
Under-/unemployed	\$75	
<b>Add LSA Membership (New <input type="checkbox"/> or Renewal <input type="checkbox"/>)</b>		
Regular	\$95/\$105*	
Student	\$40/\$50*	
Registration rates valid through 12/15/13		* =for <i>Language</i> in hard copy
<b>Please consider a tax-deductible donation to LSA</b>		
Financial Assistance and Student Support Fund		
Ivan Sag Linguistic Institute Fund		
Ken Hale Fund		
Program Development and Committee Activities Fund		
LSA General Fund		
Publication Fund		
Leadership Circle (Minimum Annual Contribution \$100)		
<input type="checkbox"/> <b>Please send me more information about planned giving to the LSA</b>		

TOTAL PAYMENT AMOUNT (Membership & Donation, if applicable): \_\_\_\_\_

Check/Money Order

VISA

MasterCard

AMEX

CARD NUMBER: \_\_\_\_\_ EXP DATE \_\_\_\_\_ VIN \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

**PLEASE SEND COPY OF INVOICE WITH PAYMENT AND REMIT TO:**

If a credit card payment, you may fax this form to: 202-835-1717  
or send as a .pdf attachment to [lsa@lsadc.org](mailto:lsa@lsadc.org).

If paying with a check, please send form and check to:

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202-835-1714; fax: 202-835-1717; email: [lsa@lsadc.org](mailto:lsa@lsadc.org)  
FEIN#: 74-6043371