



CRSP FORUM 2008 PRESENTER REGISTRATION FORM
NOVEMBER 3-NOVEMBER 4, 2008 - GLEACHER CENTER CHICAGO

Please submit a current bio and photograph for inclusion in our promotional materials.

Registration fee includes all conference sessions, conference materials and breaks. Early registration fees will be available until FRIDAY, OCTOBER 31 after which regular registration fees apply.

CRSP FORUM 2008

CRSP| Center for Research in Security Prices, University of Chicago Graduate School of Business
105 W. Adams Street, Suite 1700
Tel: 312-263-6400 x3 Fax: 312-263-6430 Email: forum@crsp.ChicagoGSB.edu Website: www.crsp.chicagogsb.edu/forum

Name:
Organization:
Address:
City: State/Zip:
Telephone: Fax:
Email:
Special Needs:
Presentation Requirements:
Number of people attending the Monday evening cocktail reception

Please indicate your interest in attending a CRSPSift user session after Tuesday's luncheon: [] Yes [] No

Registration Fees:

- \$300 per presenter (through August 31, 2008)
\$350 per presenter (September 1- October 31, 2008)
\$400 per presenter (after October 31, 2008)

[] PURCHASE ORDER (ACADEMIC ATTENDEES ONLY)

[] VISA/MASTER CREDIT CARD BILLING ADDRESS AND PHONE NUMBER:

Card Number: CCV (last 3 digits on back of card):
Name:
Expiration Date (MMYY):
Street Address:
City: State/Zip:
Telephone: Fax:

I do hereby authorize CRSP to charge \$_____ USD to the above visa/master card:

Signature _____ Date _____

Print Name _____

Note: Late registrations cannot be guaranteed acceptance. If you are paying by credit card or Purchase Order, you may mail, fax or e-mail this completed registration form. If you are paying by check, please return the completed registration form with payment to the address below. No refunds will be made for cancellations after October 1, 2008. All cancellation requests are subject to a \$75 processing fee. Cancellations prior to refund cutoff date must be in writing. Please fax your cancellation request to CRSP at 312-263-6430 or email forum@crsp.ChicagoGSB.edu. Payments by check payable to the University of Chicago - Graduate School of Business must be received at the above address by October 1, 2008.



CO-PRESENTER REGISTRATION FORM
CRSP FORUM 2008 • NOVEMBER 3-NOVEMBER 4, 2008 • Gleacher Center Chicago

Please include on this page additional registrants that will be paying with the same information as the previous page. If they are not using the same form of payment, please fill in the appropriate information at the bottom of the page. Form and information should be emailed to forum@crsp.ChicagoGSB.edu or faxed to (312) 263-6430.

TITLE OF SUBMISSION: _____

Primary Presenter: _____

Co-Presenter(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: () _____ Fax No: () _____ E-mail Address: _____

Co-Presenter(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: () _____ Fax No: () _____ E-mail Address: _____

Separate biographical information on each presenter and co-presenter identified are required. Please include a headshot photo for each.

Use only if co-presenter billing information differs from the billing information on page 1.

[] PURCHASE ORDER (ACADEMIC ATTENDEES ONLY)

[] VISA/MASTER CREDIT CARD BILLING ADDRESS AND PHONE NUMBER:

Card Number: _____ CCV (last 3 digits on back of card): _____

Name: _____ Expiration Date (MMYY): _____

Street Address: _____

City: _____ State/Zip: _____

Telephone: _____ Fax: _____

I do hereby authorize CRSP to charge \$_____ USD to the above visa/master card:

Signature _____ Date _____

Print Name _____