

RESERVATION REQUEST—HEADQUARTERS HOTEL

ATTN: RESERVATIONS MANAGER, THE HYATT REGENCY, WASHINGTON ON CAPITOL HILL, 400 NEW JERSEY AVE., NW, WASHINGTON, DC 20001. TEL. (202) 737-1234; FAX. (202) 737-5773; TOLL-FREE RESERVATIONS 1-800-233-1234

GROUP NAME/DATES: **AMERICAN STUDIES ASSOCIATION ANNUAL MEETING OCT. 30–NOV. 2, 1997**

PLEASE RESERVE ACCOMMODATIONS AT THE HYATT REGENCY FOR:

(Most meetings and events take place at the Capitol Hill Hyatt, the annual meeting headquarters hotel.)

NAME: _____

ADDRESS: _____ PHONE: (____) _____

CITY/STATE/ZIP: _____

SHARING ROOM WITH: _____

SIGNATURE: _____

Only one form per reservation is needed. Please help us avoid duplicates.

Thank you for requesting reservations at our HOTEL. Our entire staff looks forward to welcoming you and serving you during your upcoming program at the Hyatt Regency. If you are making telephone reservations, please identify yourself as a registrant for the Annual Meeting of the American Studies Association.

Reservations for arrival after 4:00 pm must be guaranteed via AMEX, VISA, MasterCard, or Diner's Club (card number, expiration date, and cardholder's name) or by company or personal check. Checks must be received 7 days prior to arrival. (Please do not send currency. Send check or money order payable to THE HYATT REGENCY AT CAPITOL HILL.)

American Express ___ **Mastercard** ___ **Visa** ___ **Diner's Club** ___

NAME ON CARD (print): _____ NO. _____

CARD HOLDER'S SIGN.: _____ EXP. DATE: _____

Arrival Day/Date _____ Number of Nights _____

Accommodations Rate (circle one) Single (one person) \$119 Double \$119

Above rates are net, non-commissionable, and are subject to the current 13.00% per night sales and \$1.50 per room night occupancy tax.

(Check in after 3:00 pm; check out before 12:00 Noon) **Reservation Cut-Off Date: September 24, 1997** (Reservations received after this date accepted on a space availability basis only.) If rate requested is not available, nearest available rate will be assigned.

Don't be a NO-SHOW! If you must cancel, please call (202) 737-1234 or Fax (202) 737-5773. Deposits will be refunded only if cancellation notification is given at least 24 hours prior to arrival.

RESERVATION REQUEST—OVERFLOW HOTEL

ATTN: RESERVATIONS MANAGER, THE WASHINGTON COURT HOTEL ON CAPITOL HILL, 525 NEW JERSEY AVE., NW, WASHINGTON, DC 20001. TEL. (202) 628-2100; FAX. (202)737-2641; TOLL-FREE RESERVATIONS 1-800-321-3010

GROUP NAME/DATES: **AMERICAN STUDIES ASSOCIATION ANNUAL MEETING OCT. 30–NOV. 2, 1997**

PLEASE RESERVE ACCOMMODATIONS AT THE WASHINGTON COURT HOTEL FOR:

(Most meetings and events take place at the Capitol Hill Hyatt Regency, the annual meeting headquarters hotel.)

NAME: _____

ADDRESS: _____ PHONE: (_____) _____

CITY/STATE/ZIP: _____

SHARING ROOM WITH: _____

SIGNATURE: _____

Only one form per reservation is needed. Please help us avoid duplicates.

Thank you for requesting reservations at our HOTEL. Our entire staff looks forward to welcoming you and serving you during your upcoming program at the Washington Court. If you are making telephone reservations, please identify yourself as a registrant for the Annual Meeting of the American Studies Association.

Reservations for arrival after 4:00 pm must be guaranteed via AMEX, VISA, MasterCard, or Diner's Club (card number, expiration date, and cardholder's name) or by company or personal check. Checks must be received 7 days prior to arrival. (Please do not send currency. Send check or money order payable to THE WASHINGTON COURT HOTEL.)

American Express ___ **Mastercard** ___ **Visa** ___ **Diner's Club** ___

NAME ON CARD (print): _____ NO. _____

CARD HOLDER'S SIGN.: _____ EXP. DATE: _____

Arrival Day/Date _____ Number of Nights _____

Accommodations Rate (circle one) Single (one person) \$124 Double \$124

Above rates are net, non-commissionable, and are subject to the current 13.00% per night sales and \$1.50 per room night occupancy tax.

(Check in after 3:00 pm; check out before 12:00 Noon) **Reservation Cut-Off Date: September 24, 1997** (Reservations received after this date accepted on a space availability basis only.) If rate requested is not available, nearest available rate will be assigned.

Don't be a NO-SHOW! If you must cancel, please call (202) 628-2100 or Fax (202) 737-2641. Deposits will be refunded only if cancellation notification is given at least 24 hours prior to arrival.

CHILD CARE SERVICE—ASA-CAAS ANNUAL MEETING

The American Studies Association will sponsor a Child Care Service at the Annual Meeting in Washington, D.C. Child Care will be available daily in the Hyatt Regency from Thursday, October 30, through Sunday, November 2. The hours of operation are from 12 noon to 6:00 pm on Thursday, October 30; 8:00 am to 6:00 pm on Friday and Saturday, October 31 and November 1; and 8:00 am to 12 noon on Sunday, November 2.

KiddieCorp child care is available for unlimited use to children of registrants at the 1997 Annual Meeting. Parents will be asked to complete a tentative schedule following confirmation of their child care service registration. Nutritious snacks and beverages will be provided. Breakfast, lunch, and dinner must be provided by the parents. Diapers, special milk or formula, as well as any special feeding instructions should be supplied by the parents.

To participate in the child care service, follow these instructions:

1. Complete the child care registration form below and submit it to ASA by September 24, 1997.

2. A \$50.00 fee is required for each registered child if you are a regular member, associate member, or a family member. A \$35.00 fee is required for each registered child if you are a graduate student member. Payment must be made with the submission of the child care registration form.

3. All registration forms and payments must be received at ASA by September 24, 1997. There will be limited on-site registration. On-site registration will require a \$65.00 fee per child if you are a professional member, associate member, or a family member. The on-site registration fee for graduate student members is \$50.00 per child. ASA does not guarantee space for children registered on-site.

4. If fewer children are signed up than the shift minimums, ASA may cancel the program due to low response. If the service is cancelled, your child care registration fee will be returned. Otherwise **no refunds will be granted**. The ASA also may eliminate a single shift, such as the Thursday, October 30, or Sunday, November 2 shifts, if pre-registration is inadequate. It is imperative that you pre-register.

KiddieCorp staffing will be provided according to the following state-regulated staff to child ratios:

1:2 ratio for children 6 months* to 1 year old

1:3 ratio for children 1 to 3 years old

1:5 ratio for children over 3 years old

*Please Note: Minimum age for the child care service is 6 months.

CHILD CARE REGISTRATION FORM

Name of Parent: _____

Home Address: _____

Daytime Phone # _____

List child/children

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

MAIL CHECK AND

THIS FORM TO:CHILD CARE COORDINATOR/AMERICAN STUDIES ASSOCIATION

POST OFFICE BOX 630304

BALTIMORE, MD 21263-0304

PROGRAM QUESTIONS? Contact KiddieCorp at (619) 455-1718CHILD CARE REGISTRATION FORM

ANNUAL MEETING OF THE AMERICAN STUDIES ASSOCIATION & THE CANADIAN ASSOCIATION FOR AMERICAN STUDIES REGISTRATION FORM

Please submit a separate registration form for each registrant. This form may be copied. MAIL YOUR CHECK OR MONEY ORDER AND THIS FORM BY September 24, 1997. We cannot accept credit card payments for conference fees. Persons joining ASA using this form will be enrolled for calendar year 1998. Those joining on this form may claim members' registration fee. No refunds of registration or ticket fees will be granted.

BADGE INFORMATION: Name: _____

If Academic, Department: _____

Institution: _____

If Non-Academic, Title: _____

Organization: _____

Mailing Address: _____

| CONFERENCE REGISTRATION FEES | PRE-REGISTRATION | ON-SITE REGISTRATION | |
|---|------------------|----------------------------|------------------|
| ASA-CAAS Member/International Affiliate | \$60.00 U.S. | \$75.00 U.S. | \$ _____ |
| ASA-CAAS Member-Student | \$20.00 U.S. | \$35.00 U.S. | \$ _____ |
| Non-Members | \$80.00 U.S. | \$95.00 U.S. | \$ _____ |
| Non-Member-Student | \$30.00 U.S. | \$45.00 U.S. | \$ _____ |
| Women's Breakfast | \$15.00 \$ _____ | Center for the Book | Free _____ |
| Holocaust Museum | Free _____ | Old Ebbitt Grill Dinner | \$40.00 \$ _____ |
| Shaw Neighborhood | \$10.00 \$ _____ | Michelle Banks Performance | Free _____ |
| Duke Ellington School of the Arts | \$10.00 \$ _____ | Tour of Northern Virginia | \$10.00 \$ _____ |
| City Walls and Public Sculpture | \$10.00 \$ _____ | Frederick Douglas House | \$10.00 \$ _____ |
| Mathew Brady Exhibition | Free _____ | Tour of Old/New Downtown | \$10.00 \$ _____ |
| Adams/Saint-Gaudens Monument | \$10.00 \$ _____ | National Building Museum | Free _____ |

Total Registration Fees _____

Complete your registration form and mail with your check, payable in U.S. funds to the American Studies Association, to:

AMERICAN STUDIES ASSOCIATION
Post Office Box 630304, Baltimore, MD 21263-0304

APPLICATION FOR MEMBERSHIP IN THE AMERICAN STUDIES ASSOCIATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

For Individual Members:

SEX Male _____ Female _____

EDUCATION Highest degree obtained _____ Year degree obtained _____

Field in which degree obtained _____

Institution from which degree granted _____

EMPLOYMENT Academic _____ Student _____ Emeritus _____ Nonacademic _____ Unemployed _____

SPECIALIZATION (list no more than three)

DUES SCHEDULE

| | |
|----------------------------------|------------------|
| _____ Income under \$12,000 | \$ 15.00 U.S. |
| _____ \$12,000–\$24,000 | \$ 35.00 U.S. |
| _____ \$24,000–\$36,000 | \$ 45.00 U.S. |
| _____ \$36,000–\$48,000 | \$ 55.00 U.S. |
| _____ \$48,000–\$60,000 | \$ 65.00 U.S. |
| _____ over \$60,000 | \$ 75.00 U.S. |
| _____ Institutional Membership | \$ 120.00 U.S. |
| _____ Life Membership | \$1200.00 U.S. |
| _____ Affilia. Foreign Scholar | \$ 30.00 U.S. |
| _____ Joint Membership | add \$10.00 U.S. |
| to dues for higher paying member | |

Method of Payment (prepayment required)

_____ Enclosed is my check drawn on a U.S. bank or international money order

_____ Charge my _____ MasterCard _____ Visa

Acct. # _____ Exp. date _____

Signature _____

In Canada and Mexico, add \$5.00 postage; outside North America, add \$10.00.

Please mail this form with your remittance, payable to ASA, to:

AMERICAN STUDIES ASSOCIATION
c/o Journals Publishing Division
Johns Hopkins University Press
P.O. Box 19966
Baltimore, MD 21211

Membership in the American Studies Association includes a subscription to the *American Quarterly*, the *Guide to American Studies Resources*, and the *ASA Newsletter*, including *Connections*. Membership in ASA is on a calendar year basis.

*Membership in the American Studies Association
is subject to the following dues schedule.

Overseas members also should add foreign postage—
outside North America, \$10.00 U.S.; or Canada/Mexico, \$5.00 U.S.

| | |
|--------------------------|-------------------|
| Income under \$12,000 | \$ 15.00 U.S. |
| \$12,000–\$24,000 | \$ 35.00 U.S. |
| \$24,000–\$36,000 | \$ 45.00 U.S. |
| \$36,000–\$48,000 | \$ 55.00 U.S. |
| \$48,000–\$60,000 | \$ 65.00 U.S. |
| over \$60,000 | \$ 75.00 U.S. |
| Institutional Membership | \$ 120.00 U.S. |
| Life Membership | \$1200.00 U.S. |
| Affilia. Foreign Scholar | \$ 30.00 U.S. |
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to dues for higher paying member

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subscription to the *American Quarterly*, the *Guide to American Studies Resources*,
and the *ASA Newsletter*, including *Connections*.

Membership in ASA is on a calendar year basis.

Total Membership Dues (Add to Registration Fee) \$ _____

Amount Enclosed \$ _____