

RESERVATION REQUEST-HEADQUARTERS HOTEL

ATTN: RESERVATIONS MANAGER, THE SEATTLE SHERATON HOTEL AND TOWERS, 1400 SIXTH AVENUE, SEATTLE, WA 98101. TEL. (206) 621-9000; FAX. (206) 621-8441; TOLL-FREE RESERVATIONS 1-800-204-6100

GROUP NAME/DATES: **AMERICAN STUDIES ASSOCIATION ANNUAL MEETING NOV. 19-NOV. 22, 1998**

PLEASE RESERVE ACCOMMODATIONS AT THE SEATTLE SHERATON FOR:

(Most meetings and events take place at the Seattle Sheraton Hotel and Towers, 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 Seattle Sheraton. 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 (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 SEATTLE SHERATON HOTEL AND TOWERS.)

American Express ___ Mastercard ___ Visa ___

NAME ON CARD (print): _____ NO. _____

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

Arrival Day/Date _____ Number of Nights _____

Accommodations Rate (circle one)

Single (one person) \$114.00
 Double \$136.00
 Triple/Quad \$146.00
 Additional Person \$20.00

RESERVATION REQUEST-OVERFLOW HOTEL

ATTN: RESERVATIONS MANAGER, THE SIXTH AVENUE INN, SIXTH AVENUE, SEATTLE, WA 98101. TOLL-FREE RESERVATIONS 1-800-648-6440

GROUP NAME/DATES: **AMERICAN STUDIES ASSOCIATION ANNUAL MEETING NOV. 19-NOV. 22, 1998**

PLEASE RESERVE ACCOMMODATIONS AT THE SIXTH AVENUE INN FOR:

(Most meetings and events take place at the Seattle Sheraton Hotel and Towers, 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 Sixth Avenue Inn. 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 (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 SIXTH AVENUE INN.)

American Express ___ Mastercard ___ Visa ___

NAME ON CARD (print): _____ NO. _____

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

Arrival Day/Date _____ Number of Nights _____

Accommodations Rate (circle one)

- One Queen bed for 1 person \$75.00
- One Queen bed for 2 people \$136.00
- Two Queen beds for 3 people \$146.00
- Two Queen beds for 4 people \$20.00

1998 ANNUAL MEETING REGISTRATION FORM

PLEASE SUBMIT A SEPARATE REGISTRATION FORM FOR EACH REGISTRANT. Complete this form to register for conference and auxiliary events. This form may be copied.

All registered attendees will receive:

- confirmation and receipts for pre-registration from WALCOM, hired by ASA to process conference registration;
- the Program Book (by mail and prior to the conference);
- the registration packet—of badges, tickets, program supplements—*upon check-in* at the conference.

BADGE INFORMATION (will be confirmed/printed out on-site) **Please type or print legibly.**

Name: _____

If Academic, Department: _____

Institution: _____

If Non-Academic, Title: _____

Organization: _____

Mailing Address: _____

___ I will be chairing, commenting, or presenting at the 1998 conference.
This registration form must be postmarked by or on **JUNE 30, 1998**
to ensure my participation.

___ I will be attending the conference but will not be listed in the
official program. This registration form must be postmarked by
or on **SEPTEMBER 30, 1998** to be eligible for pre-registration fee.

CONFERENCE REGISTRATION FEES	PRE-REGISTRATION	ON-SITE REGISTRATION	
ASA Member/International Affiliate	\$60.00 U.S.	\$75.00 U.S.	\$ _____
ASA Member-Student	\$20.00 U.S.	\$35.00 U.S.	\$ _____
ASA Member-Household Income Under \$15,000/year	\$40.00 U.S.	\$55.00 U.S.	\$ _____
Non-Members	\$80.00 U.S.	\$95.00 U.S.	\$ _____
Non-Member-Household Income Under \$15,000/year	\$60.00 U.S.	\$75.00 U.S.	\$ _____
Non-Member-Student	\$30.00 U.S.	\$45.00 U.S.	\$ _____
REGISTRATION FEES			(a) \$ _____

SPECIAL EVENTS				
Women's Breakfast	\$15.00	\$ _____	Minority Scholars' Committee-	
International Committee Reception			Women's Committee-	
Regular Members	\$15.00	\$ _____	Sexual Minority Scholar(ship)	
Students	\$7.50	\$ _____	Caucus Reception	
International Scholars	\$ 5.00	\$ _____	Regular Members	\$15.00 \$ _____
			Students	\$7.50 \$ _____
			SPECIAL EVENTS FEES	(b) \$ _____

MEMBERSHIP DUES

_____ 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 of higher paying member

Members outside North America add \$10.00 for postage.

Members in Canada/Mexico add \$5.00 for postage.

MEMBERSHIP DUES TOTAL (c)\$_____

AMOUNT ENCLOSED (add lines a, b & c) \$_____

- Along with check or money order (in U.S. funds) payable to the American Studies Association, mail completed registration forms to:

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

- WALCOM's address, fax number, and voice mail number (as listed on the confirmation/receipt you will receive from WALCOM) will be the official points of contact for corrections of confirmations/receipts.
- Do not mail this form after September 30, 1998.

ACCOMMODATIONS

Special rates for ASA attendees are available until October 11, 1998. Please indicate you are attending the ASA Convention to receive the special rate. Rooms not reserved by October 11 will be sold on a space available basis and will not be subject to the group discount.

Sheraton Seattle Hotel and Towers (main hotel)
1400 Sixth Ave., Seattle, WA 98101

Rates:

Single (one person)	\$114.00
Double	\$136.00
Triple/Quad	\$146.00
Additional Person	\$20.00

For reservations, call 1-800-204-6100

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)

OPTIONAL (For inclusion in Guide to American Studies Resources):

Phone _____ Email _____

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 of higher paying member

Members outside North America add \$10.00 for postage.
Members in Canada/Mexico add \$5.00 for postage.

MEMBERSHIP DUES TOTAL \$ _____

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 _____

Please send credit card information, check or money order (in U.S. funds) payable to the American Studies Association, along with completed membership forms, to:

AMERICAN STUDIES ASSOCIATION
c/o Johns Hopkins University Press
P.O. Box 19966
Baltimore, MD 21211-0966

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.
Joint Membership	add \$ 10.00 U.S.

to dues for higher paying member

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.

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

Amount Enclosed \$ _____

TOUR SUBSCRIPTION FORM

SUBSCRIBE TO TOURS ONLY THROUGH CONVENTION SERVICES NORTHWEST

Sample Seattle: A Deluxe City Tour	\$23.00	\$ _____
Seattle and Asian Art Museums	\$30.00	\$ _____
Boeing Plant Tour	\$30.00	\$ _____
Wing Luke and Burke Museums	\$28.00	\$ _____
Historic Pioneer Square and Seattle Underground Tour	\$26.00	\$ _____
Total Amount Due		\$ _____

Note: Tour tickets can be picked up at the Sheraton Hotel on November 18, 1998, starting at 9:00 a.m. All tours will leave from the Union Street side of the Sheraton. Please arrive 15 minutes prior to tour departure time. Reservations for tours must be received by November 5, 1998. Refunds for cancellations will only be made if written request is received at the Convention Services Northwest office by November 5, 1998, or if tour minimums are not met.

Name: _____

Hotel where you'll be staying while in Seattle: _____

Home Address: _____ City: _____

State _____ Zip _____ Home phone () _____ Work phone () _____

For Office Use Only Deposit No. _____ Check No. _____ Amount: \$ _____ Init. _____

Method of payment:

___ Check (payable to Convention Services Northwest; U.S. DOLLARS drawn on a U.S. bank only).

___ Mastercard ___ VISA ___ American Express ___ Discover ___ Diner's Club

Card No. _____ exp. date _____

Signature: _____

**Please return entire form to: Shallena Johnston, Convention Services Northwest, 1809 7th Ave., Suite 1414, Seattle, WA 98101
(206)292-9198/FAX: (206)292-0559 Avoid Duplication! Don't Fax and Mail!**