



**“Civil War Medicine and Gettysburg & Antietam Hospitals”  
REGISTRATION FORM  
CIVIL WAR INSTITUTE**

**Sponsored by Shenandoah Civil War Associates  
Friday – Sunday, June 16-18, 2017**

**REGISTRATION DEADLINE: May 19, 2017**

FOR OFFICE USE ONLY

ID# \_\_\_\_\_  
DATE \_\_\_\_\_  
REC'd \_\_\_\_\_  
DATE \_\_\_\_\_  
PRO'd \_\_\_\_\_

Registration forms are also available at <http://www.shencivilwar.org>

If more than one person plans to attend, please duplicate as necessary and complete separate forms.

**Participant Information:** Please print clearly in black ink, completing ALL information!

<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>E-mail:</b>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Street Address (Apt. #):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Work Phone: (    )</b>	<b>Home Phone: (    )</b>	

**Friday Night Option:** If you choose to stay **Friday night, June 16<sup>th</sup> at Sleep Inn in Harrisonburg**, please arrange lodging reservations **ON YOUR OWN** by calling Sleep Inn at: 540-433-7100 by June 5<sup>th</sup>, 2017. Tell them you are registered for the Civil War Institute. **You are required to pay your own bill.**

**PLEASE SELECT PAYMENT OPTION BELOW:**

**Registration:** Includes several meals, bus transportation, railroad tickets, conference materials, fees, speakers' honorariums, conference room rentals, and Saturday night, June 17<sup>th</sup>, at the Clarion Hotel & Conference Center in Shepherdstown, West Virginia. **We will arrange the room reservation at the hotel in West Virginia.**

Registration Option **\$395.00**

**AMOUNT**

\$ .00
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**Method of Payment:**

**Check ONE.** Make checks payable to: **James Madison University**. JMU's Federal ID#: 54-6001756.

VISA     MASTERCARD     AMEX     DISCOVER     CHECK\*\*

Print Name of Cardholder: \_\_\_\_\_ CK#: \_\_\_\_\_

**AMOUNT  
ENCLOSED**

\$ .00
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Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Verification #: \_\_\_\_\_ (This is the last 3 digits on the BACK of VISA/MC/Discover, or the last 4 digits on the FRONT of AMEX.)

Signature of Cardholder: \_\_\_\_\_

Credit Card Payments will be listed on your billing statement as "University Center Sales".

**\*Mail registration form and payment to:** CWI 2017, JMU Conferences, MSC 4206, Harrisonburg, VA 22807.

**Questions:** Registration: Call Bonnie Powell at 540-568-8043; Program: Email [shencivilwar@gmail.com](mailto:shencivilwar@gmail.com)

**No refunds will be given unless requested, in writing, on or before:** June 1, 2017; \$50.00 non-refundable fee.

**\*\*CHECK refunds require your social security number and a completed W-9 form in order to process the refund.**