

Crossroads Cincinnati 2006 Conference Registration Form

One individual per registration form, including students attending through institutions

Conference *(please check one)*

I will be attending Crossroads Cincinnati 2006
(General \$350, Members \$250, Students \$130, Vendors \$1,500) \$ _____

Student Scholarship Application - No fee

Dormitory Housing *(available for students only)*

I would like to stay in a dormitory single occupancy room
(\$98 per student) \$ _____

Meal Plan *(please check one)*

Breakfast and Lunch: includes breakfast and lunch
on June 22/23/24 *(\$30 total per person)*

Complete Meal Plan: includes breakfast, lunch, and dinner
on June 22/23/24 *(\$54 total per person)* \$ _____

Special Events *(please check if applicable)*

I will be attending the special events at the Cincinnati Art Museum,
Contemporary Arts Center, and Carl Solway Gallery/
Studio B Sculpture Invitational *(\$60 per person)* \$ _____

Art Tours *(please check if applicable)*

I will be attending the following art tour *(\$40 per person)*
(please select first, second and third choice) \$ _____

- Dayton Art Institute
- Pyramid Hill Sculpture Park and Museum
- Architreks Tour: Over the Rhine and Ted Gantz Studio

ARTSlam *(select first and second choice)*

I will be participating in the ARTSlam Session I: June 22nd,
1:30pm - 5:45pm, and I will present images through *(select one):*

Slides *(must bring pre-loaded carousel)*

CD *(jpegs only)*

I will be participating in the ARTSlam Session II: June 23rd,
1:30pm - 5:45pm, and I will present images through *(select one):*

Slides *(must bring pre-loaded carousel)*

CD *(jpegs only)*

Mentoring Sessions

I will attend a mentoring session
(please select one of the following Sessions)

- Session 1: The Art Gallery: Exhibition and Representation
- Session 2: Jackie Winsor
- Session 3: Graduate School: From Entry to Completion
- Session 4: Mary Miss
- Session 5: Grants for Individual Artists
- Session 6: Andrew Leicester
- Session 7: Chakaia Booker

Total Amount to be enclosed, or to be charged \$ _____

Billing Information

I will not be attending Crossroads Cincinnati 2006,
but please accept my 100% tax-deductible contribution of \$ _____

Visa MC AmEx Check

Name on Card

Card # Exp. Date

Organization/Institution

Address

City State ZIP

Country Phone

E-mail

Please include this form with your payment. Make checks payable to the International Sculpture Center, or fax your credit card information to +1 609 689 1061. Mailing address: International Sculpture Center, 14 Fairgrounds Road, Suite B, Hamilton, NJ 08619

Attendee Information *(if different from Billing)*

Name

Organization/Institution

Address

City State ZIP

Country Phone

E-mail