**2024 FCH ANNUAL MEETING REGISTRATION FORM**

**Hotel Melby, Melbourne**

**January 26-28, 2024**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1) PARTICIPATION LEVEL:** Incl. Banquet, Keynote, and Copy of *FCH Annals*

**Participation Level Advance *(Due 12/15/23)* On Site**

**Full-time employed professionals $150.00 $170.00**

**Graduate students and adjuncts $75.00 $95.00**

**Retired/Independent Scholar $50.00 $70.00**

**Undergraduate Students $40.00 $60.00**

**Participation Level Amount** $ \_\_\_\_\_\_\_ +

* **Are you bringing guests to the banquet? \_\_\_\_ guests (multiply by $65.00)** $ \_\_\_\_\_\_\_ +

**2) INVITED CONTRIBUTION**: Tax Deductible; Receipt available upon request

Thomas M. Campbell Award Fund (Best Paper in the *FCH Annals*): $ \_\_\_\_\_\_\_ +

Blaine Browne Award Fund (Best Graduate Student Paper): $ \_\_\_\_\_\_\_ +

J. Calvitt Clarke III Award Fund (Best Undergraduate Paper): $ \_\_\_\_\_\_\_ +

Douglas Astolfi Award Fund (Best Poster): $ \_\_\_\_\_\_\_ =

**TOTAL DUE: $ \_\_\_\_\_\_\_\_\_\_**

**3) PAYMENT INFORMATION** (US dollars only): Indicate Payment Method

**\_\_\_ CHECK: Make payable to “FLORIDA CONFERENCE OF HISTORIANS”**

**\_\_\_ CREDIT: Charge in the amount of $\_\_\_\_\_\_\_ to my (circle one): VISA-MC-DIS-AMEX**

**Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exact Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Please note that card payments will be processed during the week of the meeting.**

**4) MAIL FORM TO:**

**Dr. Jesse Hingson, Treasurer, Florida Conference of Historians**

**Jacksonville University**

**School of Social Sciences and Education (Gooding)**

**2800 University Boulevard North**

**Jacksonville, Florida 32211**

**Additional contact information: jhingso@ju.edu; (904) 256-7215**