

PRE-REGISTRATION FORM  
TEXAS COUNCIL OF FACULTY SENATES FALL MEETING

October 27-28, 2017

EMBASSY SUITES HOTEL  
5901 N. Interstate 35  
Austin, Texas  
(Southeast Corner of Highway 290 and I. H. 35)

PLEASE RETURN THIS FORM IMMEDIATELY TO:  
Texas Council of Faculty Senates  
P. O. Box 26220  
Austin, TX 78755-0220  
FAX: 512-346-9871  
E-MAIL: tcfs@austin.utexas.edu

FROM FACULTY SENATE AT \_\_\_\_\_

Registration fee is \$75.00 per person. Those attending the Fall Meeting from our campus will be: (NAME AND OFFICE HELD)

- 1.
- 2.
- 3.

Signed: \_\_\_\_\_  
Senate Chair/Speaker/President

Will you be attending banquet? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be staying at the hotel? Yes \_\_\_\_\_ No \_\_\_\_\_