

PRE-REGISTRATION FORM

TEXAS COUNCIL OF FACULTY SENATES FALL MEETING

February 16-17, 2018

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: sgrimmtcfs@aol.com

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

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 \_\_\_\_\_