



Africa Network Annual Conference

“The State of African Studies”
30 September-2 October 2016

Denison University
Granville, OH 43023

Conference and Membership Registration Form

Conference registration fees cover all meals and conference costs. **Make checks payable to Africa Network** and mail to Jim Pletcher, Provost’s Office, Denison University, 100 W. College St., Granville, OH 43023. You may write a single check covering your registration and membership. If your payment covers multiple persons please submit a registration form for each.

All attendees must be members. Annual individual membership is \$25. Annual institutional membership is \$100. All faculty and staff of institutional members are considered members of the Africa Network and need not pay additional membership fees.

Rooms have been reserved for conference attendees at The Buxton Inn, Granville, OH (<http://buxtoninn.com/>) Rates at the Buxton vary from \$169-\$225/night plus tax. When booking you should use the access code: “Africa2016.” **Rooms will be released on August 30.** It is possible to walk from the Buxton Inn to our meeting location on Denison’s campus.

Rooms have also been reserved at the Courtyard Newark/Granville, Newark, OH (<http://www.marriott.com/hotels/travel/cmhnk-courtyard-newark-granville/>) Rooms rates are \$99/night. When booking you should use the access code: “AFRS.” **Rooms will be released on August 30.** It is not possible to walk to the Denison campus from the Courtyard, however, shuttle service at the beginning and end of each day will be provided.

You should contact these hotels directly to reserve a room before August 30.

The nearest airport is Port Columbus International Airport (CMH). Taxi fare from the airport to Granville is expensive (c. 40 minutes). If you send flight numbers and arrival times we will try to provide a shuttle service to and from the airport. Send info to Jim Pletcher (pletcher@denison.edu).

Conference Registration Fee (includes meals): \$175.00
Membership (see next page):
 Individual Membership: 25.00
 Or
 Institutional Membership: 100.00

Total Enclosed: \$ _____

Name (please print): _____

Affiliation as you would like it appear on your name tag: _____

Address: _____

Phone: _____ Email: _____

Dietary Restrictions: _____

Type of Membership: Individual (\$25) Institutional (\$100)

For Institutional Membership only:

Name of Dean/Provost (for institutional membership): _____

Campus Contact (name, email and address for institutional membership): _____