

DELEGATE Conference Registration

Please fill out this form for you and your guest(s) in order to register for the conference. Note that there are multiple sections, one of which is the paper submission form.

| First Name: | | .ast Name: | | |
|---------------------------------|-----------------------|------------|--------|------|
| Title: | | | | |
| Organization: | | | | |
| | | | | |
| City: | State: | Zip: | | |
| E-Mail: | | | | |
| Phone: | Cell (d | optional) | | |
| Circle the organization(s) you | are currently a mem | ber of: N | IAPS S | SEPA |
| Is this your first SEPA confere | ence (circle one)? | , | /ES | NO |
| Is this your first MAPS confer | ence (circle one)? | , | /ES | NO |
| Is this your first planetarium | conference (circle on | ۱ (م | /FS | NO |

REGISTRATION INFORMATION

Registration Options

Regular full registration is for the entire week and includes all lunches and dinners except for the banquet. Breakfast is included for those staying at the Embassy. The Farewell Breakfast Saturday morning is the only exception, being available to all registered delegates. Ignore this registration option if choosing daily registration.

Late full registration is for the entire week, including all meals except for the banquet and breakfast, which is provided by the hotel. Ignore this option if choosing daily registration. Note that if you are registering past the deadline, conference materials such as bags and printouts will be subject to availability.

Daily registration is available for those only attending a day or two, and the cost helps cover meals. Ignore this option if choosing regular registration.

Banquet

The banquet will be held on the evening of Friday, June 7th, the last full day of the conference. There is a fee of \$50 to attend.

Membership Dues

You must be a member of either SEPA or MAPS in order to attend the conference. Of course you can certainly join both organizations if you wish!

SEPA has two types of memberships: full and associate. Full memberships are for those working in one of the states falling within the SEPA geographical region, while associate memberships are for those whose institutions are outside of this region. More details are available on the SEPA membership webpage: http://www.sepadomes.org/membership/.

Membership in MAPS is open to anyone interested in or connected with planetariums, space science education, or the technology related to these subjects. Annual membership dues are only \$25 per person, per year. Information and registration is available at http://www.mapsplanetarium.org/society-membership/

Pre-Conference Mini-LIPS

Mini-LIPS will be held on Tuesday, June 4th from 9:00 am to 4:00 pm at the conference hotel. It is being organized and run by Karrie Berglund. This all-day workshop will provide SEPA-MAPS attendees a sense of what happens at the annual Live Interactive Planetarium Symposium (LIPS). LIPS is a multi-day gathering that focuses on all facets of live programming: presentation skills; sample activities for different ages; etc. Mini-LIPS is open to anyone registered to attend SEPA-MAPS. As with the full LIPS, ideas and content presented at the Mini-LIPS are intended to apply to everyone who does live shows, no matter whether those shows are in a portable dome or fixed, with a digital system or starball.

Post-Conference Music Performance

Astronomical Organ Music June 8, 2:00-2:45pm Trinity Episcopal Cathedral, 1100 Sumter St.

Join SCSM Observatory Manager Matthew Whitehouse for a concert of astronomically-inspired organ music. Matthew will be sharing his own compositions, as well as a piece by the "Father of Modern Astronomy" William Herschel. Trinity Cathedral is a beautiful space with a spectacular pipe organ, and you won't want to miss this out-of-this-world musical event.

There is no charge to attend this performance. Transportation options will be determined based on the number of people who sign up and will be presented during the conference.

Completed Forms

Registering online or submitting the form electronically will expedite the registration process. Completed forms can be mailed or emailed to:

Patsy Wilson, SEPA Treasurer 140 Lyn Road Salisbury, NC 28147 southeasternplanetariums@gmail.com

You will get an email acknowledging receipt of your completed forms. If you have not heard from the conference host within a week of sending your forms, please send an email to liz.klimek@scmusuem.org.

SECTION A: DELEGATE REGISTRATION

| | Item | Fee | | Total |
|---|--|------------------------------|---------|-------|
| 1 | Regular Full Registration | \$150 | | \$ |
| 2 | Late Full Registration (After May 15 th) | \$175 | | \$ |
| 3 | Daily Registration | \$80/day x (Number of days) | | \$ |
| 4 | Banquet | \$50 | | \$ |
| 5 | Mini-LIPS | \$50 | | \$ |
| | | MAPS Membersh | ip \$25 | \$ |
| 6 | Membership Dues (only required if membership is not current) | SEPA Full Membership | \$25 | \$ |
| | | SEPA Associate Membership | \$15 | \$ |
| | Full Registration Total | | | \$ |

If you are not planning on attending the full conference, please circle the day(s) you will be attending:

Tues, June 4th Wed, June 5th Thurs, June 6th Fri, June 7th Sat, June 8th (Opening Reception)

| Will you have your own vehicle during the conference? | YES | NO |
|--|-----|----|
| If so, would you be willing to assist with rides if necessary? | YES | NO |
| Will you be attending the opening reception? | YES | NO |
| Are you interested in attending the post-conference music performance? | YES | NO |

If you will be attending the dinner banquet, please circle your main entrée choice and list any special dietary needs or restrictions.

| Beef | Salmon | Vegetarian | |
|------|--------|------------|--|

Dietary Restrictions:

Do you have any other special needs or require any special accommodations? If so, please describe.

If you have any questions or concerns about such needs, please contact Liz Klimek at liz.klimek@scmuseum.org or 803-898-4985

SECTION B: GUEST MEALS

Meals are included in full and daily registration fees. Guests of delegates who wish to attend a meal may do so with a charge to cover associated costs. Please print the names of each guest below and describe any special dietary needs or restrictions. Leave any inapplicable fields blank.

| First Name | Last Name | Dietary Restrictions |
|------------|-----------|----------------------|
| | | |
| | | |
| | | |
| | | |

| Date | Meal | Number of Guests | Fee | Total |
|---------------------------------|----------------------|------------------|--------|-------|
| Tuesday, June 4 th | Opening Reception | | x \$25 | \$ |
| Wednesday, June 5 th | Lunch | | x \$30 | \$ |
| Wednesday, June 5 th | Dinner | | x \$35 | \$ |
| Thursday, June 6 th | Lunch | | x \$30 | \$ |
| Thursday, June 6 th | Dinner | | x \$35 | \$ |
| Friday, June 7 th | Lunch | | x \$30 | \$ |
| Friday, June 7 th | Dinner (Banquet) | | x \$50 | \$ |
| Saturday, June 8 th | Farewell Breakfast | | x \$25 | \$ |
| Total Guest Meals | | | | \$ |

Print the names of guests attending the banquet and circle each person's choice of main entrée.

| First Name | Last Name | Banquet Entree (circle one) | | |
|------------|-----------|-----------------------------|--------|------------|
| | | Beef | Salmon | Vegetarian |
| | | Beef | Salmon | Vegetarian |

SECTION C: PRESENTATION SUBMISSIONS

We highly encourage you to present! The heart of conferences like these consists of what we bring to it and share. Take a moment to reflect on all you've done since the last conference. Did you create or try any new programs, any new activities or any new ways of engaging with your audiences? Are there any issues within the field you think would be good talk about in a panel format?

Presentation submissions will be reviewed for relevance and scheduled on a first come, first serve basis. You should get an email from someone within 2 weeks of submitting this form letting you know if your presentation has been accepted. If there are any days on which you cannot present, please list them below.

- ❖ Papers will be limited to 12 min, with 3 min for questions.
- ❖ Workshops can be up to 45 min in length.
- ❖ Proposed panel sessions will be limited to 45 min in length.

| Presentation Type (circle one): | Paper | Workshop | Panel |
|---------------------------------|-----------------|----------|-------|
| AV Needs: | | | |
| Title: | | | |
| Abstract: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Days on which you absolutely | cannot present: | | |
| | | | |
| Additional Notes: | | | |

SECTION D: TOTALS

Add the totals from Sections A and B below.

| Delegate Registration Total | \$ |
|-----------------------------|----|
| Guest Meals Total | \$ |
| Grand Total | \$ |

Mail your check payable to SEPA with completed registration form to:

Patsy Wilson, SEPA Treasurer 140 Lyn Road Salisbury, NC 28147

You can also email your completed registration form to Patsy at:

southeasternplanetariums@gmail.com