Registration Form
Fifteenth Prairie Analysis Seminar
November 8-9, 2019
Kansas State University

Last Name: ___________________________  First Name: ___________________________

Affiliation: __________________________

Position (Graduate Student, postdoc, assistant professor, etc.): __________________________

Tenured: _____ Yes ___ No

Year of PhD: ________

Email Address: __________________________

Mailing Address: ________________________________________________________________

City/State/Zip Code: __________________________

Country: __________________________ Telephone: __________________________ Fax: __________________________

Providing the information below is voluntary and allows us to more accurately monitor progress toward the goal of reaching under-represented groups:

Gender: ____________

Ethnicity:  _____ American Indian/Alaskan Native  _____ Asian/Pacific Islander  _____ Black

  _____ Hispanic  _____ White  _____ Other

I am giving a talk: _____ Yes ____ No