

SYMPOSIUM ON TEACHING CONSECUTIVE INTERPRETING
June 12-14, 2005
PLEASE PRINT OR TYPE



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Street number

Street Name

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PROGRAM AFFILIATION (if applicable): _____

POSITION: _____

Please indicate your language pair(s): _____

Enclosed is my payment of \$ _____ (US dollars only) payable to **WOU-RRCD**

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(3 digits on back of card)

Mail registration and payment to:
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