

The Future of Feminist Critique

Rice University, November 3-5

Registration Form

Name: _____

Institutional Affiliation (if any): _____

Address: _____

Phone: _____

E-Mail: _____

☐ Yes I would like lunch and continental breakfast. Enclosed is my check for \$15.

Please mail this form along with your check or money order (if applicable) to:

Future of Feminist Critique Conference
Center for the Study of Cultures, MS 620
Rice University
P.O. Box 1892
Houston, TX 77251-1892