

# Latin Day 2024 Registration Instructions

## Registration

The registration fee for students is \$20.00, which covers all preparatory materials as well as the Roman Lunch. Teachers and chaperone are free. To register, please visit our online registration page:

### [LATIN DAY ONLINE REGISTRATION](#)

You can pay online with a credit card or you can send UT Conferences a check payment for your group. Make checks payable to **The University of Tennessee** and return to UT Conferences, Latin Day, and P.O. Box 2648, Knoxville, TN 37901. Please send one check per school group. **Cash payments will not be accepted.**

## Note to Teachers

Space is limited! Registrations will be taken on a first come basis. After the maximum is received, registrations will be held on a space available basis, and you will be notified. The only way to register your group is by completing the online registration process. If you have more than 50 students please contact Megan Henderson at [mhenderson@utk.edu](mailto:mhenderson@utk.edu).

## Questions

If you have any questions about Latin Day, please call UT Conferences, 865-974-0280 or e-mail Megan Henderson at [mhenderson@utk.edu](mailto:mhenderson@utk.edu). Registrations will not be accepted by phone.

## Cancellation

To qualify for a refund on conference registration fees, send a written request by October 6, 2024, to UT Conferences, ATTN: Latin Day to [Conferences@utk.edu](mailto:Conferences@utk.edu). An administrative fee of \$10 will be assessed. No-shows and late cancellations will not be refunded; however, substitutions are encouraged.

**PLEASE NOTE Registration is ONLINE ONLY:** the teacher, not the parent, must complete the online registration process. Below is a helpful form to gather the information you will need to complete the process.

Latin Day XLII, October 17, 2024, University of Tennessee

**Please check mark the correct category.**

\$20.00/Student

\$0/Teacher & Chaperone

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_

Year (Please circle) 6 7 8 9 10 11 12 \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**(REQUIRED)**

Please put me on the UTK Classics email list!