



Presents

# Rock Art 2009

34th Annual Rock Art Symposium

Saturday, November 7, 2009

8:00 a.m. – 5:00 p.m.

Registration opens at 8:00 a.m.

Morning Session begins at 9:00 a.m.

Otto Center Auditorium (San Diego Zoo)

(See map on reverse)



**T-Shirt:** Order your Rock Art 2009 T-shirt for \$15 (see coupon below). *We must receive T-shirt orders by October 15.*

**Mugs Included:** Registration includes our traditional commemorative ceramic mug. No disposable cups!

**Call for Papers:** To submit a paper on any area of rock art research, *send title and abstract by October 25, 2009*, via e-mail to [RockArt2009@cox.net](mailto:RockArt2009@cox.net) or by mail to Ken Hedges, San Diego Museum of Man, 1350 El Prado, San Diego, CA 92101. Papers for the program will be eligible for selection as long as space remains on the program. Please identify your presentation as a regular paper (20 min.), short paper (10 min.), or brief presentation (5 min.).

**Can't Attend?** To remain on our mailing list, check the box on the coupon below and return it to the Museum.

**Become a Museum Member!** Support the Rock Art Symposium and the Museum by becoming a member—receive reduced rates on Museum activities, and 10% discount on Museum Store purchases. See coupon for details.

Registration includes Museum admission for the weekend.

Send Advance Registration (or Fax credit card info) to:

Make checks payable to Museum of Man

ROCK ART  
San Diego Museum of Man  
1350 El Prado  
San Diego, CA 92101

Fax (619) 239-2749  
Phone (619) 239-2001

**All proceeds of the Rock Art Symposium support  
Educational Programs of the Museum of Man**

**Registration:** [ ] x \$50.00 (general) [ ] x \$40.00 (Museum members and students) Total \_\_\_\_\_

**T-Shirt:** \$15.00 ea. Enter Quantities: [ ] Small [ ] Medium [ ] Large [ ] Extra Large

T-Shirt Order Deadline **October 15!** Total Shirt Order x \$15.00 \_\_\_\_\_

## Rock Art 2009

Museum Membership (check category below) \_\_\_\_\_

I am paying by  Cash,  Credit Card (see below),  Check

**TOTAL REMITTANCE:** \_\_\_\_\_

**Museum Membership:**  Student \$20  Individual \$45  Family \$60  Friend \$125  Sponsor \$250

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

For payment by credit card (  MasterCard or  Visa only), please provide the following information:

Card Number \_\_\_\_\_ V-code\* \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*V-code: last three digits of the number printed on the back of your credit card

Authorizing Signature: \_\_\_\_\_

I cannot attend, but please keep me on your mailing list (check here and return coupon to address above).