

3rd Annual Higher Education Diversity Summit

April 15, 2008

08-0096

Registration Information: * Mr. Ms. Mrs. Dr. Female Male

First Name	Middle Name (Initial)	Last Name
Company/Affiliation		Day Phone
E-mail		Fax Number
Mailing Address 1		Night Phone
Mailing Address 2		
City	State	Zip Code
		Iowa County

Conference Registration:

- Participant Registration Fee \$125.00
 Student Registration Fee \$75.00

****Day of registration fee is \$150.00.**

I will attend the Networking Reception:

- Yes
 No

Other:

- Would like the vegetarian option at meals
 Have other special needs/requirements, and need to be contacted

Cancellation Policy: Cancellations submitted prior to April 8, 2008 will be refunded less a \$25.00 processing fee. No refunds will be offered after April 8, 2008.

It's easy to register!

On-line:

<http://www.ucs.iastate.edu/mnet/diversity/home.html>

Mail:

University Conference Services
Iowa State University
102 Scheman Building
Ames, IA 50011

Fax: (515) 294-6223

Method of Payment

- Check (Payable to Iowa State University)
 Credit Card Visa MasterCard Discover
Card Number _____ Exp. Date ____/____

Cardholder Name _____

Signature _____

Purchase Order (Please indicate billing address below, if different from above)

PO Number _____

* Iowa State University requests this information to pre-register you for a conference. No one outside the university, with the exception of participants in this conference, is routinely provided this information. If you fail to provide the required information, we cannot promise accurate registration. (Reference: Iowa Code, Chapter 22.11; Iowa Fair Information Practices Act)

Send invoice to: Name _____

Billing Address _____

Telephone/Fax: _____

(Only one registration per form – Duplicate for additional registrations)

Office Use Only

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University Extension