

## 2009 WOMEN OF COLOR TASK FORCE ONSITE CONFERENCE REGISTRATION

Please print out this form, complete it, including check number, credit card number with expiration date, mailing address and signature.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department/ Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ (h) \_\_\_\_\_ (w)

**Your complete email address:** \_\_\_\_\_

**Please indicate your conference affiliations:**

**1. Campus:** \_\_\_UM/AA \_\_\_UM/UMHS \_\_\_UM/Flint \_\_\_UM/Drbn \_\_\_Non-UM

**2. Type:** \_\_\_Attendee \_\_\_Exhibitor \_\_\_Presenter \_\_\_Sponsor \_\_\_WCTF Member

**Please choose one:**

\_\_\_ Conference only, \$55 - UM Students, Research Fellows & Retirees (**Lunch not available**)

\_\_\_ Conference only, \$75 - UM Staff, Faculty & Alumni/ae (**Lunch not available**)

\_\_\_ Conference only, \$90 - Non-UM Attendees (**Lunch not available**)

**Workshop Selections, e.g. A2, B5** (see website for descriptions of workshops)

Workshop A \_\_\_\_\_ 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice

Workshop B \_\_\_\_\_ 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice

**Payment Information (Note: UM P-Cards may not be used to pay for conference registration fees.)**

Type of credit card (circle) Visa MC American Express Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

Email address: \_\_\_\_\_ (If not the same as registrant.)

**For UM account transfers, please complete each code below:**

Fund: \_\_\_\_\_

DeptID: \_\_\_\_\_

Program: \_\_\_\_\_

Class: \_\_\_\_\_

ProjGrant: \_\_\_\_\_

Shortcode: \_\_\_\_\_

Authorized Signer Name: \_\_\_\_\_

Authorized Signer Uniqname: \_\_\_\_\_

Phone # \_\_\_\_\_