

WOMEN OF COLOR TASK FORCE CONFERENCE REGISTRATION

Please print out this form, complete it, including credit card number, expiration date, and signature and send or fax(734-998-6203) by February 15, 2008 to:
WCTF, c/o CEW, 330 E. Liberty St. Ann Arbor, MI 48104-2289.

Last Name: _____ First 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: ___Exhibitor ___Presenter ___Sponsor ___VIP Guest ___WCTF Member

Please choose one:

___ Conference & Lunch (\$50 UM Students, Research Fellows & Retirees)

___ Conference & Lunch (\$60 UM Staff & Faculty)

___ Conference & Lunch (\$70 non-UM Attendees excluding students)

Type of Meal (choose one) ___Chicken Breast ___Vegetarian

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

Workshop C _____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: _____

Uniqname: _____