# Conference Registration

*(sidebar, vertical text)* **21st ANNUAL HBCU SUMMIT ON RETENTION**

## ATTENDEE INFORMATION: (PLEASE PRINT OR TYPE)

| | | |
|---|---|---|
| Last Name: | First Name: | Title: |
| Institution: | Department/Major: | |
| Address: | | |
| City: Bowie | State: | ZIP: |
| Phone: | E-mail Address: | |

## EMERGENCY CONTACT INFORMATION: (PLEASE PRINT OR TYPE)

| | | |
|---|---|---|
| Last Name: | First Name: | Relationship: |
| Phone: | E-mail Address: | |

## CONFERENCE REGISTRATION INFORMATION:

For conference registration, fax completed form to:

Dr. Joan Langdon
Bowie State University
14000 Jericho Park Road
Bowie, MD  20715-9465
301-860-4036 (phone)
301-860-3979 (fax)
RegionalHBCUSummitBowieState@gmail.com

## CONFERENCE FEES: (CHECK ONE)

| Faculty, Staff, and Other Attendees Registration Fees | | Student Registration Fees | |
|---|---|---|---|
| ☒ Conference until Jan. 31st | $350 | ☐ Student Reg. until Jan. 31st | $275 |
| ☐ Conference after Jan. 31st | $400 | ☐ Student Reg. after Jan. 31st | $300 |
| ☐ Conference Onsite | $450 | ☐ Student Reg. Onsite | $315 |

*Includes Banquet, Lunch, 2 Breakfasts, and Reception*

**Conference Amount Due: $_____**

## CONFERENCE PAYMENT INFORMATION:

**Conference Payment** must be received **PRIOR** to the start of the conference or at registration. **There will be no exceptions.** Payment can **ONLY** be made by credit card (Visa/MasterCard/American Express), institution/ agency check, or cash. **No** institutional transfers or purchase orders will be accepted. A credit card must be provided on **ALL** registrations regardless of payment method. **Make all agency checks payable to: Bowie State University: HBCU Summit.**

**Conference cancellations** must be received in **writing prior to noon January 31 for** refunds (less a $50 processing fee). There will be no refunds for cancellations after this date and time. Any changes or substitutions must be made 48 hours prior to the start of the Summit.

## CARD INFORMATION:

| | | Exp. Date: | | CV Code: | | Zip Code: | |
|---|---|---|---|---|---|---|---|
| Card#: | | | | | | | |
| Billing Address: | | | City: | | | State: | |
| Signature of Cardholder: | | | Email: | | | | |

## HOTEL INFORMATION:

**Contact hotel directly prior to Jan. 31 to guarantee rate.** Clarion Resort Hotel, 10100 Coastal Highway, Ocean City, MD 21842, (**800-638-2100**). **Room reservations should be made directly with the hotel.** A one-night deposit will be required at the time of registration and credit cards will be charged for one overnight plus tax upon registration request. Tax ($13.13/night) will not be charged to those having a copy of their school's Maryland Tax Exempt Certificate at check–in.

| | |
|---|---|
| ☒ Room Rate (**Single** or **Double**) $138.13 / night [$125 + $13.13 tax (10.5%)] | |
| Roommate: | **(name required for double occupancy)** |