

# 23rd Annual Black Leadership Symposium

October 23, 2008 • University of Kansas • Lawrence, Kansas

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## Please Print—Sponsor

Title (Mr., Mrs., Ms., Dr.) \_\_\_\_\_ Full name (First, MI, Last, Suffix) \_\_\_\_\_

E-mail \_\_\_\_\_ Priority code (Please copy this code located above your name on the mailing label.) \_\_\_\_\_

Name of school \_\_\_\_\_

Profession/Job title \_\_\_\_\_

School address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Please *include* my information on the participant roster.  Please *do not include* my information on the participant roster.

The deadline to register is **October 16, 2008**. No registrations will be accepted after that date.

■ **Attach a separate registration sheet for each student. (See Student Registration Form below.)**

■ **List adult chaperones (all adults other than sponsor):**

\_\_\_\_\_  
\_\_\_\_\_

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## Fees

\_\_\_\_ students x \$15 = \$ \_\_\_\_\_

\_\_\_\_ adult sponsor x \$15 = \$ \_\_\_\_\_

\_\_\_\_ adult chaperones x \$15 = \$ \_\_\_\_\_

\_\_\_\_ parking permit x \$8/permit = \$ \_\_\_\_\_

**Total due \$** \_\_\_\_\_

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## Payment

Check enclosed. **Make payable to the University of Kansas.**

Charge to: Credit card company \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card (print) \_\_\_\_\_

Bill company.

PO# \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

\_\_\_\_\_

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## Preferred Means of Communication

Please continue to send KUCE information by (check all that apply):

Mail  E-mail  Fax

Please remove my name from the mailing list.

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## Easy Ways to Register

**Mail** Complete the registration form and mail with payment to: The University of Kansas, Continuing Education, Registrations, 1515 St. Andrews Drive, Lawrence, Kansas 66047-1625

**Phone** Toll-free 877-404-KUCE (5823) or 785-864-KUCE (5823)

**Fax** 785-864-4871

**TDD** 800-766-3777



## Special Accommodation

If you will need special accommodation, please mark the box above, and a member of the Continuing Education staff will contact you. AA095400/JCN090156

***If you fail to cancel by October 14, 2008, and do not attend, you are still responsible for payment.***

## Black Leadership Symposium • Student Registration Form • October 23, 2008

Complete this form for **each** student attending from your school. Please duplicate the form as needed.

**Dress is business casual (e.g., slacks with a nice shirt or blouse).**

### Please Print

Name \_\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

High School Name \_\_\_\_\_ High School Graduation Year \_\_\_\_\_ High School GPA \_\_\_\_\_

Date of Birth \_\_\_\_\_ ACT/SAT Score \_\_\_\_\_ Major/Academic Interest(s) \_\_\_\_\_

I will be submitting a "Reading Gets You There" book review.  yes  no

**Information on this form will be shared with the Office of Admissions & Scholarships.**