

# Conference Registration Form

Complete the following  
information for registration:

## From A Woman's Perspective

"Women Leading And Shaping The Future"

Friday, March 14, 2008

8:30 a.m. - 3:30 p.m.

Atlanta Technical College

Cleveland L. Dennard Conference Center

1560 Metropolitan Parkway, S.W.

Atlanta, GA 30310

**Please print and return by:**

**E-mail:** weop@bellsouth.net

**Mail:** 250 Georgia Ave. SE, Suite 206  
Atlanta, Georgia

**Phone:** 404.681.2497

**Fax:** 404.681.2499

**1. Participant Information** (Please note that this is how you will be indicated on your badge)

Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Title: \_\_\_\_\_  Prof.  Dr.  Other: \_\_\_\_\_  
 Mr.  Ms.  Mrs. First name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ City \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. Conference Fee - fees includes one day conference, lunch and breakout sessions.**

Total fees: I will pay the following amount: \$35.00  Check #  Debit Card  Credit Card  
 Master Card  
 Visa

Credit Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ Expiration Date: \_\_\_\_\_/\_\_\_\_\_  
Name cardholder: \_\_\_\_\_

**3. Additional Instructions:**

**Deadlines:** Registration must be electronically submitted, faxed or mailed. Please use one form per person. If you have problems registering, please contact the Conference office at 404.681.2497.

**Payment Information:** Registration forms must be accompanied by full payment in order to be processed. Make checks payable to WEOP. Incorrect credit card numbers and declined credit are consideration non-payments and registration will not be processed.

**Refund policy:** The Conference Office should be notified of a cancellation in writing. If the Conference office receives cancellations before March 1, 2008 the total conference fee will be refunded, less \$10.00 administration costs. After March 1, 2008 no refunds will be made - No shows "are non-refundable and are liable for the full registration. If you cannot attend, you may send a substitute person. The original registration must submit a written authorization for such a change.

**Confirmation:** Please allow up to 10 days for mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation terms on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_