

**Black Doctoral Network Western Regional Conference**  
**March 30, 2019 | Loyola Marymount University | 1 LMU Drive, Los Angeles, CA 90045**

**ATTENDEE REGISTRATION FORM**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Institution \_\_\_\_\_

Professional Title \_\_\_\_\_

Ex: Associate Professor, Director, Assistant Coordinator

Academic Discipline \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name as it would appear on the badge \_\_\_\_\_

Gender: \_\_ Male \_\_ Female Age: \_\_ 18-25 years old \_\_ 26-35 years old \_\_ 36-49 years old \_\_ +50 years old

Status: \_\_ Undergrad Student \_\_ Graduate/Doctoral Student \_\_ Faculty \_\_ Administrator  
 \_\_ Professional \_\_ Other

Classification: \_\_ Presenter \_\_ Undergraduate Presenter \_\_ Workshop Leader \_\_ Panelist \_\_ None

**For presenters:** Do you grant BDN permission to announce your name, institution & abstract title across social media?  Yes  No

**Select your registration type:**

Registration Type	Early-Bird Registration Ends February 15, 2019	General Registration Begins February 16, 2019
Member Presenter	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120
Non-Member Presenter	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140
Non-Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Groups (3 or more)	<input type="checkbox"/> \$100/per person	<input type="checkbox"/> \$125/per person
Undergraduate Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75

BDN Networking Social Ticket \_\_\_\_ x \$25.00 (USD) = \$ \_\_\_\_\_

Names of all Networking Social Ticket Holders (include yourself): \_\_\_\_\_

**Breakfast & Lunch will be provided**

List any dietary restrictions? \_\_\_\_\_

**Total Payment: \$** \_\_\_\_\_

**Payment Method:**  **Check** (Payable to Black Doctoral Network)  **Visa**  **MasterCard**  **Discover**

**Card Number** \_\_\_\_\_ **Card Exp.** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Card Holder Name** \_\_\_\_\_

**Authorization Signature** \_\_\_\_\_

**Refund Policy:** No refunds will be granted starting March 1, 2019. For group submissions, registration fees are NON-REFUNDABLE, however, if a co-panelist withdraws, the group members can add in a substitute at no additional charge.

Mail completed form to: Black Doctoral Network Inc., 300 Delaware Ave. Suite 210, Wilmington, DE 19801 or send via e-mail to [contact@blackphdnetwork.com](mailto:contact@blackphdnetwork.com). You will receive a confirmation email once your form has been processed.