Black Doctoral Network Western Regional Conference April 8, 2021

ATTENDEE REGISTRATION FORM

Prefix	First Name		Last Name	
	Ex: Associate Pr	ofessor, Director, Assistant Coordina	ator	
Academi	c Discipline			
Billing Ad	ddress			
City		State	Zip Code	
hone		Email		
Name as	it would appear on t	:he badge		
Gender: _	_ Male Female	Status: Undergrad Stud	lent Graduate/Doctoral Stude	ent Faculty
		Administrator	_ Professional Other	
Classifica	tion: Presenter _	Undergraduate Presento	er Workshop Leader Pa	anelist None
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For prese	enters: Do you grant	BDN permission to annou	ınce your name, institution & ab	stract title across
	social media	? □ Yes □ No		
Select vo	our registration type	e:		
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		udout	General Registration ☐ \$30	
	Undergraduate Student			
	Member		□ \$60 □ \$90	
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Total Pay	yment: \$			
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Refund Policy: No refunds will be granted starting March 8, 2021. 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. You will receive a confirmation email once your form has been processed.