

# Black Doctoral Network Western Regional Conference

## April 20, 2022

### 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 \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

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

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

Instagram Handle \_\_\_\_\_ Twitter Handle \_\_\_\_\_

**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	General Registration
Undergraduate Student	<input type="checkbox"/> \$30
Graduate Student	<input type="checkbox"/> \$60
Member	<input type="checkbox"/> \$90
Non-Member	<input type="checkbox"/> \$120

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 April 1, 2022. 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.