

7th Annual Black Doctoral Network Conference

October 24 - 26, 2019 | DoubleTree by Hilton Newark Airport | 128 Frontage Road, Newark, NJ 07114

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 June 1, 2019	General Registration Begins June 2, 2019
Member Presenter	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240
Non-Member Presenter	<input type="checkbox"/> \$270	<input type="checkbox"/> \$270
Member	<input type="checkbox"/> \$240	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$270	<input type="checkbox"/> \$280
Groups (3 or more)	<input type="checkbox"/> \$220/per person	<input type="checkbox"/> \$230/per person
Undergraduate Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

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

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

Breakfast & Lunch will be provided to all conference attendees

List any dietary restrictions? _____

Select the meal services you will be attending.

Friday Breakfast Friday Lunch Saturday Breakfast Saturday Lunch

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 Sunday, September 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. You will receive a confirmation email once your form has been processed.