UNIVERSITY LEADERSHIP CONFERENCE REGISTRATION FORM

Please complete all sections of the registration form. Type or print clearly. You must complete a separate registration form for each individual attending.

Name_____ CWID (CSUF Only) _____

Address_____

City_____ Zip Code_____ Home/Cell Phone_____

E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Campus _____ Club/Organization (if applicable) _____

Class level _____ Major_____

Circle Leadership Level *(See registration booklet for more info):* Emerging Leader Intermediate Leader Advanced Leader

Please indicate if you are interested in becoming a conference volunteer *(See registration booklet for more info)* ☐ Yes ☐ No

If you have any special dietary (i.e. vegetarian), medical or physical needs that we should be aware of please specify here:

_____

DEMOGRAPHIC INFORMATION

The following information is for statistical purposes only and is optional. Check all that apply.

☐ Male
☐ Female

☐ Asian-American
☐ Caucasian
☐ Other _____

☐ Multi-Racial
☐ Native American

☐ Hispanic/Latina/Latino
☐ African-American

RESERVATION INFORMATION

Please return this registration form with full payment. Payment by personal check, institutional check, or money is acceptable. Make checks payable to Cal State Fullerton. Cash payment is accepted in person. Please do not mail cash.

* *Refunds and Cancellations: Sorry, refunds are not available. Please plan your schedule accordingly to avoid cancellations* *

Register early and pay the *early registration fee!*

Conference Fee	Early Registration (Postmarked by 3/16/04)	Late/On-Site Registration (Postmarked on or after 3/17/04)
CSUF Students	$10.00	$15.00
Non-CSUF Students	$15.00	$20.00
Advisors	$20.00	$25.00

PLEASE MAIL OR RETURN TO:
Cal State Fullerton
Dean of Students Office, TSU 235
P.O. Box 6830
Fullerton, CA 92834-6830
(714) 278-3211
(714) 278-5109 FAX

OFFICE USE ONLY

Payment Method:
☐ Cash ☐ Check
Check No:_____
Check payable to CSUF? Yes/No

Amount Paid _____
Date Received _____
Name and Initials _____