



# SOGI Education Conference On-site Registration

|                              |          |
|------------------------------|----------|
| <b>Registration Fees:</b>    |          |
| General _____                | \$ 60.00 |
| Presenter/co-presenter _____ | \$ 30.00 |
| Student _____                | \$ 25.00 |

Please complete this form in its entirety to register for the SOGI Education Conference.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

School District or Organization: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Additional Registrant: \_\_\_\_\_

Additional Registrant: \_\_\_\_\_

Number of General registrations: \_\_\_\_\_ x \$60 = \$ \_\_\_\_\_

Number of Presenter registrations: \_\_\_\_\_ x \$30 = \$ \_\_\_\_\_

Number of Student registrations: \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Total Registrants: \_\_\_\_\_ Total \$ \_\_\_\_\_

- Paid by:**
- Cash
  - Check # \_\_\_\_\_ Please make all checks out to Oakland University
  - Credit/Debit

\_\_\_\_ Visa    \_\_\_\_ MasterCard

Cardholder's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_