

# Latino Greek Leadership Conference "Ahora es El Tiempo"

## Registration Form

### Contact Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Greek Affiliation

\_\_\_\_\_  
Institution

Name you would like to appear on your nametag: \_\_\_\_\_

### Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_  
Office Phone

(\_\_\_\_) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

### Registration Fees:

Pre-Registration: \$100/person    Late & On Site Registration: \$150/person

**NOTE:** *Registrations postmarked after February 19, 2005 will be considered late registration.*

**Included in the registration fee:** Meals, social activities, t-shirt and all conference materials.

Please indicate your t-shirt size:    XXL \_\_\_\_    XL \_\_\_\_    L \_\_\_\_    Md \_\_\_\_

Special services and/or vegetarian meal:    \_\_\_\_ Yes    \_\_\_\_ No

Please specify: \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO: "Latino Greek Leadership Conference"**

**Method of Payment:**    \_\_\_\_ University Check    \_\_\_\_ Personal Check    \_\_\_\_ Money Order  
(No credit cards please, registration fee is non-refundable).

**Keep a copy of this form for your records and mail original with your coordinator form:  
(Please copy this form as needed):**

**Latino Greek Leadership Conference  
Office of Multicultural Affairs  
The University of Kansas  
1450 Jayhawk Blvd., Room 145  
Lawrence, KS 66045**

# Latino Greek Leadership Conference "Ahora es El Tiempo"

## Group Coordinator Form

This form must be filled out for each school bringing a delegation of students. This will assist us in our efforts to register you in a timely manner. Please make sure that the correct dollar amount accompanies any registrations, or it will be invalid. Payment must be with a University check or Money Order.

**Note: Please submit with individual registration forms.**

Group Coordinator (Advisor) Info:

Name: \_\_\_\_\_ University: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Student Delegation: Please print name and email address of each student.**

01. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

02. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

03. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

04. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

05. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

06. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

07. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

08. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

09. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

10. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

11. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

12. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

13. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

14. \_\_\_\_\_ **Email Address:** \_\_\_\_\_

15. \_\_\_\_\_ **Email Address:** \_\_\_\_\_