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
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: _______________________________
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15. ___________________________ Email Address: _______________________________