



20th Annual National Black Graduate Student Conference
"Brilliance In Black"
Four Points Sheraton O'Hare ♦ Chicago, Illinois
March 12-16, 2008
Conference Registration Form

Name _____
First Middle Last

Circle One: Mr. Mrs. Ms. Dr.

Address: _____
Street or P.O. Box City State Zip

E-mail: _____ Home Phone: _____

*Confirmations will be via email.

Institution: _____
School Name City State Zip Code

Undergraduate Degree Completed: (circle) BS BA Other: _____
Year of Completion: _____ College/University: _____
Major/Field of Study: _____

Graduate Degree Completed: (circle) M.Ed. MBA MS MA MHA MPA Ph.D. PsyD.
Year of Completion: _____ College/University: _____
Major/Field of Study: _____

Graduate Degree Completed: (circle) M.Ed. MBA MS MA MHA MPA Ph.D. PsyD.
Year of Completion _____ College/University: _____
Major/Field of Study: _____

Current Status: (circle) BS BA M.Ed. MBA MS MA MHA MPA Ph.D. PsyD. Other _____
Expected Year of Completion: _____ College/University: _____
Major/Field of Study: _____

Research Interests (If Graduate/Professional student):

(Circle one) New Member Renewal

If renewing your membership, what year did you join the NBGSA? _____

I would like my name and member information to be included in the annual NBGSA membership directory?

(Circle one) Yes No

Please check the region in which you attend school or currently reside:

1. **Southern Region** _____
(AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, Virgin Islands, WV)
2. **Northeast Region** _____
(CT, D.C., DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)
3. **North-Central Region** _____
(IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI)
4. **West - West Region** _____
(AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)

Please specify the NBGSA Committees or Commissions you would like to work with (Circle as many as desired)

Conference	Communications	Nominations and Elections
Graduate Concerns	Special Projects	Judicial
Community Concerns	Membership	Finance

<u>Registration Fees</u>	<u>On or before Dec 14</u>	<u>After Dec 14 and On-Site</u>
Undergraduate	_____ \$250	_____ \$300
Graduate & Professional	_____ \$300	_____ \$350
Faculty/Non-Student/ & Non-Member	_____ \$350	_____ \$400
		TOTAL \$ _____

Note: There is an online registration processing fee of 4% plus \$1.00

Special Needs (i.e. Wheelchair, Sign language interpreter, etc.):

Do you need vegetarian meals? YES NO

****(Change of menu will not be accommodated after your registration has been processed)*

**Please make checks and money orders payable to: NBGSC
MAIL TO: Howard University Graduate School
MSC 590507
2400 6th Street NW
Washington, DC 20059**