

2010 Student Leadership Conference Registration Form



Agency or Institution: _____

Program Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Number of Students Attending: _____ x \$25.00 per student = _____

Number of Staff Attending: _____ x \$20.00 per staff = _____

Total Amount Enlosed = _____

T-Shirts: Please indicate the total number of T-shirts per size that you will need for students and staff in your program:

Small _____ Medium _____ Large _____ X Large _____ XX Large _____

Lunch: Please indicate the number of vegetarian lunches you will need: _____

To request disability accomodations or sign language interpereters, please call Gloria Castaneda at (661) 644-2282 at least 2 weeks prior to the event.

Make Checks or Money Orders Payable to: Central Cal Chapter-WESTOP

Mail Check and Registration Form to:

Norma Cuevas-UB-CSU Fresno
5240 N.Jackson Ave M/S UC 35
Fresno, CA 93740

Phone: 559-278-5796
Fax: 559-278-4306
Email: ncuevas@csufresno.edu



Registration Committee Use ONLY

Amount Received \$ _____ Date Received _____ Check # _____
Received by (initials) _____ Sent Confirmation: Y / N : Date _____