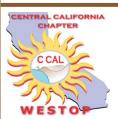
## 2010 Student Leadership Conference

## **Registration Form**



Agency or Institution:				
Program Name:				
Contact Person:				
Address:				
City:	State:	Zi	pCode:	California State University Bakersfield
Phone Number:		Fax Number:		
E-mail Address:				The state of the s
Number of Students Attending:	x \$25.	00 per student	=	
— Number of Staff Attending:	x \$20.	00 per staff	=	
_	Total A	mount Enlosed	=	_
<b>T-Shirts:</b> Please indicate the total rand staff in your program:	number of T-shir	ts per size that y	ou will need for studen	es es
Small Medium	Large	X Large	XX Large	
<b>Lunch:</b> Please indicate the numbe	r of vegetarian l	unches you will r	need:	
To request disability accomodations at (661) 644-2282 at least 2 weeks pr		e interperters, pled	ase call Gloria Castaneda	
Make Checks or Money (	Orders Payable t	o: Central Cal Ch	apter-WESTOP	

**Mail Check and Registration Form to:** 

Norma Cuevas-UB-CSU Fresno Phone: 559-278-5796 5240 N.Jackson Ave M/S UC 35 Fax: 559-278-4306

Fresno, CA 93740

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				