

Registration Form  
**Power in Diversity Conference**

January 29 - 31, 2010

\_\_\_\_\_  
Name (First) (MI) (Last)

\_\_\_\_\_  
University Year Major

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Soc. Sec. # Birth Date MM/DD/YYYY

The information on this form is private data, used to identify and locate you, obtain payment. Name, address, and payment method are mandatory.

**Early Registration Rates (10/1/09 – 01/17/10)**

**\$75 for MnSCU students**  
**\$95 for non-MnSCU students**  
**\$135 for Advisors (faculty and staff)**

**Late Registration Rates (applies 01/18/10)**

**\$100 for MnSCU students**  
**\$120 for non-MnSCU students**  
**\$150 for Advisors (faculty and staff)**

**Conference Parties**

Friday night, \$7       Saturday night, \$7       Friday and Saturday nights, \$10

**T-shirt Size**

Small       Medium       Large       X-Large       XX-Large

**Payment Information**

Check or money order is payable to the St. Cloud State University. A \$30 service charge will be applied if returned for insufficient funds, closed account, or Stop Payment request.

Please bill my employer, reference Purchase Order Number \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_

VISA       MasterCard       Discover       American Express

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on your credit card bill

\_\_\_\_\_  
Address as it appears on your credit card bill City State Zip Code

\_\_\_\_\_  
Authorized signature:

**Register by mail, e-mail, fax or phone:**

**Mail:** St. Cloud State University  
Attn: Char Kastanek  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498

**E-Mail:** cekastanek@stcloudstate.edu  
**Fax:** 320-308-4126  
**Phone:** 320-308-4723