



23rd Annual National Conference on Diversity, Race & Learning
Monday, May 1st & Tuesday, May 2nd, 2017

Table with 2 columns: Pre-Conference Training Sessions\* and MAIN CONFERENCE. Includes details on featured trainers and dates/times.

INTERNATIONAL REGISTRATION FORM:

Pre-Conference (May 1st) Special Registration Rate: \$100/person\* (increases to \$125 after April 1, 2017)

MAIN CONFERENCE (May 2nd) Special Registration Rate: \$160/person <> \$40/student\*\*\* (increases to \$185/person & \$50/student after April 1, 2017)

ALL Refunds: Must be requested in writing to Taylor.972@osu.edu (no later than April 1, 2017)
Form of Payment Accepted: Credit Cards ONLY\*\*\*\*

\*Pre-Conference Registration is a separate fee in addition to the Main Conference on May 2nd. \*\*Special Registration honored on Online Registrations completed on or before April 1, 2017. \*\*\*Special Registration Payments must be postmarked no later than April 1, 2017. \*\*\*\*Must be a current student from any institution and provide student ID. \*\*\*\*\*Visa, MasterCard, American Express, Discover, Diner's Club, & JCB. \*\*\*\*\*INTERNATIONAL registrants must pay via credit card only.

Primary Registrant: \*Required Information

- Please Select Only One : [ ] Pre-Conference Diversity Training Only (May 1st)
[ ] Main Conference & Keynotes Only (May 2nd)
[ ] BOTH Pre-Conference and Main Conference & Keynotes (May 1st & May 2nd)

[ ] Faculty/Staff [ ] Student [ ] Administrator [ ] Other

[ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms.

\*Last Name: First Name:

\*Title

\*Institution/Company:

\*Address:
Address (continued):

\*City: \*State/Province: \*Zip:

\*Country:

\*Telephone #: Fax #:

\*Email:

\*Total Transaction Amount: \$ \_\_\_\_\_ .00

**Additional Registrant(s):** *\*Required Information*

**Additional Registrant 1:**

Please Select Only One :  Pre-Conference Diversity Training Only (May 1<sup>st</sup>)  
 Main Conference & Keynotes Only (May 2<sup>nd</sup>)  
 BOTH Pre-Conference and Main Conference & Keynotes (May 1<sup>st</sup> & May 2<sup>nd</sup>)

Faculty/Staff  Student  Administrator  Other  
 Dr.  Mr.  Mrs.  Ms.

\*Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\*Title

\*Institution/Company/Org:

\*Telephone #:

\*Email:

**Additional Registrant 2:**

Please Select Only One :  Pre-Conference Diversity Training Only (May 1<sup>st</sup>)  
 Main Conference & Keynotes Only (May 2<sup>nd</sup>)  
 BOTH Pre-Conference and Main Conference & Keynotes (May 1<sup>st</sup> & May 2<sup>nd</sup>)

Faculty/Staff  Student  Administrator  Other  
 Dr.  Mr.  Mrs.  Ms.

\*Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\*Title

\*Institution/Company/Org:

\*Telephone #:

\*Email:

**Additional Registrant 3:**

Please Select Only One :  Pre-Conference Diversity Training Only (May 1<sup>st</sup>)  
 Main Conference & Keynotes Only (May 2<sup>nd</sup>)  
 BOTH Pre-Conference and Main Conference & Keynotes (May 1<sup>st</sup> & May 2<sup>nd</sup>)

Faculty/Staff  Student  Administrator  Other  
 Dr.  Mr.  Mrs.  Ms.

\*Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\*Title

\*Institution/Company/Org:

\*Telephone #:

\*Email:

**Additional Registrant 4:**

Please Select Only One :  Pre-Conference Diversity Training Only (May 1<sup>st</sup>)  
 Main Conference & Keynotes Only (May 2<sup>nd</sup>)  
 BOTH Pre-Conference and Main Conference & Keynotes (May 1<sup>st</sup> & May 2<sup>nd</sup>)

Faculty/Staff  Student  Administrator  Other  
 Dr.  Mr.  Mrs.  Ms.

\*Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\*Title

\*Institution/Company/Org:

\*Telephone #:

\*Email:

**Check Only If Applicable:**

There are more than four (4) "additional registrants".

*Please complete another form listing those additional registrant(s), until all are listed.*

**Payment Options:**

\*\*\*\*Please Note: INTERNATIONAL registrants may ONLY pay via credit card.

Credit Card (*Online credit card payments are not available at this time. Please select and follow one of the options below, if you desire to pay using a credit card.*)

Option 1: I will call 614.292.1417 or 614.292.8156 with my credit card information within 72 hours of submitting this online registration.

Option 2: Request a call from us within 72 hours of online registration submission to the following number:  
*International Phone #:* \_\_\_\_\_

**\*Total Transaction Amount: \$ \_\_\_\_\_ .00**

*(Must be same amount as listed on "Primary Registrant" page)*

**Check Only One:**

The credit card payment will cover only the "primary registrant" listed on the first page.

The credit card payment will cover more than the "primary registrant" listed on the first page and will include other "additional registrant(s)".

**Email this Form to:**

Colby A. Taylor

[taylor.972@osu.edu](mailto:taylor.972@osu.edu)

**Other Contact Information:**

c/o: Mr. Colby A. Taylor (Attn: NCDRL)  
OSU – Office of Diversity & Inclusion  
154 West 12th Avenue  
037 GL, Hale Hall  
Columbus, OH 43210-1230

**Direct Phones:**

614.292.1417 or 614.292.8156