## **Attendee Registration**

After submitting this form, you will receive a confirmation email with further Conference information. The early registration deadline is Friday, October 27 at 11:59 pm CST. The regular registration deadline to submit this form is Monday, November 20. No shared registrations are allowed. Please contact Lucy Morkin with Illinois State University Conference Services at Immork1@ilstu.edu with any questions regarding registration.

## **Cancellation Policy**

the full conference.

A full refund, less a \$15.00 processing fee, will be provide for any cancellation requests received prior to Sunday, November 26 at 8:00 am CST. No refunds will be provided after November 26. All cancellation requests must be submitted in writing via email to Lucy at Immork1@ilstu.edu.

Attendee Contact Information	n				
First Name Email Organization Cell Phone		Last Name			
		Credentials			
					Work Phone
		Address			
City		State, Zip Code			
Please select your boxed lunch option for December 5:   Turkey		☐ Ham	□ Vegetarian		
Please list any dietary restrictions (i.e., vega	n, vegetarian, gluten free	e)			
Please list any special accommodations you require to fully participate					
Registration Fee  Select your registration type:  Early Registration: \$100  Ends October 27  Full-Time Student Registration: \$25	□ Regular Registration: \$50	ber 20 ttendee	□ Late & Onsite Registration: \$150 Applies to any registrations after November 20, if space allows.		
Skills Building Pre-Conference	Workshops				
The pre-conference workshops are optional submit this form and select one of the below information about the pre-conference workshops.  Healing Circle - Solidarity Heals	, please be aware that yonops can be found on th	ou may receive any e conference webs	email notifying you that they are full. More ite.		
Pre-Conference Registration F	- ee				
☐ Pre-Conference Only: \$75 Priority will be given to those attending	☐ Pre-Conference F	ull Time Student: \$2	25 D. Pre-Conference Attende: \$25		

□ Pre-Conference Attenee: \$25

If also attending full conference.

## **Payment**

By Pho	8:00 am - 4:30 pm, Monday-Friday	sa, MasterCard, Discover, Ame	rican Express or PO Number,		
<b>◯</b> By Mai	I: Complete registration form and send to:  Illinois State University Conference 2 Attn: Minority Health Conference 2 Campus Box 8610 Normal, IL 61790-8610				
Online:	Please visit bit.ly/MinorityHealth2023 usin	ng Visa, MasterCard, Discover	or American Express		
By Fax	Fax completed registration form to (309) 438-5364 with credit card payment or copy of PO number				
Check enclosed for \$		(payable to Illinois Sta	(payable to Illinois State University)		
Purchase Order #		(PO to be faxed to (30	(PO to be faxed to (309) 438-5364 within two business days)		
☐ Visa	☐ MasterCard	☐ Discover	☐ American Express		
Card Number	r	Exp. Date	CVV#		
Signature on	card	Promo code			
You will recei	ve a confirmation email once we have processe	d your registration with further	conference information.		

If you have questions regarding the virtual platform or general questions, please contact Perry Harlow at <a href="mailto:pharlow@ilstu.edu">pharlow@ilstu.edu</a>.

If you have any questions or concerns regarding your registration or payment, contact Lucy Morkin at Immork1@ilstu.edu.