



NATIONAL COUNCIL FOR BLACK STUDIES, INC.

Annual Conference

REGISTRATION FORM

Date: ____/____/____

Name: _____ Title: _____

Address: _____

City/State/Zipcode: _____

Institution/Organization/Affiliation: _____

Telephone #: _____ NCBS Password/NA: _____

Email Address: _____

- | | | | | | |
|---|---|--|-----------|--------------|------------------------|
| " | " | A. Conference (<i>prices include banquet meal ticket only</i>) _____ | | | |
| | | NCBS Members | \$225.00 | _____ | Vegetarian _____ |
| | | Non Members | \$350.00 | _____ | Vegetarian _____ |
| | | Student Member | \$150.00 | _____ | Vegetarian _____ |
| | | Student Non-Member | \$200.00 | _____ | Vegetarian _____ |
| | | B. Single Day Registration - Member | \$ 150.00 | _____ | |
| | | Single Day Registration – Non-Member | \$ 175.00 | _____ | |
| | | Thursday _____ | | Friday _____ | Saturday _____ |
| | | C. Meal Function | | | |
| | | Luncheon | Friday | \$ 50.00 | _____ Vegetarian _____ |
| | | Awards Banquet | Saturday | \$ 60.00 | _____ Vegetarian _____ |
| | | E. Membership | | | |
| | | Professional | \$100.00 | _____ | |
| | | Student | \$ 35.00 | _____ | |
| | | Senior Citizen | \$ 50.00 | _____ | |
| | | Institutional | \$300.00 | _____ | |
| | | Affiliate Organizational | \$200.00 | _____ | |
| | | Associate | \$100.00 | _____ | |
| | | Life Membership | \$1500.00 | _____ | |
| | | Grand Total: | | \$ _____ | |

Method of Payment:

Money Order/Date Mailed _____

Visa # _____ Exp. Date _____

Master # _____ Exp. Date _____

Check #/Date mailed _____