

NATIONAL COUNCIL FOR BLACK STUDIES, INC.
Annual Conference

Office Use Only:
Paid in Full: Yes / No

REGISTRATION FORM

Date: ___/___/___ Time: _____

Print Name: _____ Prof: ___/ Student ___/ Other ___

Address: _____

City/State/Zipcode: _____

Institution/Organization/Affiliation: _____

Telephone #: _____ NCBS Password _____

Email Address: _____

A. Full Conference (prices include banquet meal ticket only)

NCBS Members	\$225.00	___	Vegetarian	___
Non Members	\$350.00	___	Vegetarian	___
Student Member	\$150.00	___	Vegetarian	___
Student Non-Member	\$200.00	___	Vegetarian	___

B. Single-Day Conference

Thursday ___ Friday ___ Saturday ___

Single Day Registration - Member \$ 150.00 ___

Single Day Registration – Non-Member \$ 175.00 ___

C. Meal Function

Luncheon Friday \$50.00 ___ Vegetarian ___

Additional Banquet Ticket Saturday \$60.00 ___ Vegetarian ___

D. Membership

Professional	\$100.00	___
Student	\$35.00	___
Senior Citizen	\$50.00	___
Institutional	\$300.00	___
Affiliate Organizational	\$200.00	___
Associate	\$100.00	___
Life Membership	\$1,500.00	___ \$500.00 (3x) ___ \$300(5x) ___

AMEX? Include +\$5.00: _____

GRAND TOTAL: \$ _____

**yellow copy goes to participant

<input type="checkbox"/>	Check/MoneyOrder #	
For onsite credit card payments, please list last 4 digits of card number associated w/payment made		
<input type="checkbox"/>	Visa #	Exp Date:
<input type="checkbox"/>	MasterCard #	Exp Date:
<input type="checkbox"/>	Discover Card #	Exp Date:
<input type="checkbox"/>	AMEX #	Exp Date: