



Eastern Drive-In Conference
Virginia Union University, Richmond, VA
Friday, April 7, 2017

CONFERENCE REGISTRATION FORM

Institution/Agency: _____

Program: _____

Mailing Address: _____

Phone: _____ Fax: _____

Program / University Website: _____

Names of Conference Attendees:

Name: _____ Title: _____

Email: _____ Phone: _____

Years of TRIO Service: _____ Is this your first Drive-In Conference? _____

(If you have any special dietary needs or any disabilities for which special attention is required, please indicate): _____

Please use the second page for additional attendees

PAYMENT METHOD and TOTAL COST (\$60.00 Per Attendee)

TOTAL AMOUNT: \$ _____ CHECK #: _____ PO#: _____

(Purchase Order # must be submitted with Registration Form)

Please make payment payable to VAEOPP (Federal ID: 54-1804299). Mail this Registration Form with payment or payment authorization by March 24, 2016, in order to secure an accurate luncheon count to:

Ms. Sylvia Taylor-Carter, Admin & Tutor Coordinator
Student Support Services Program
Virginia Union University
1500 N. Lombardy Street
Richmond, VA 23220



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(VAEOPP Drive-In Conference - Additional Attendee Information)

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