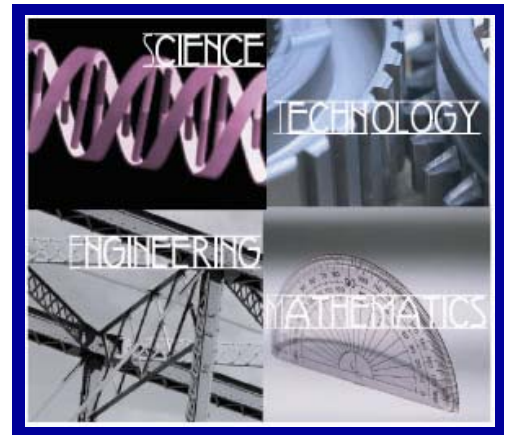


National Research Conference

Sponsored by LSMAMP

**October 6 and 7, 2008
The Mississippi e-Center
at Jackson State University**



SYMPOSIUM REGISTRATION

Registration is required to attend conference activities and meals.

*** Indicates Required Fields**

* First Name

* Last Name

* Institution

* Department

* Mailing Address

* City

* State * ZIP

* Telephone (Include area code)

Social Security Number (optional)

Gender Male Female

Ethnicity

• Email

* **Program Affiliation** (Which program are you with?)

• **Registration Fee**

Registration fee is \$125 if received by September 30, 2008 and \$150 thereafter. NO REFUNDS will be given without a written cancellation notice, which must be received by September 30.

Registration fee includes continental breakfast and lunch on Monday and Tuesday, evening Reception on Monday, along with conference materials.

• **Payment Method**

Check Please make checks payable to **Jackson State University**

Mail to:
LSMAMP
Conference Committee
P.O. Box 18119
Jackson, MS 39217

Purchase Order #

Make purchase order payable to **Jackson State University/LSMAMP**

Are You a Student Presenter? Yes No

This form may be faxed into: 601-979-2025.