

GROUP PARTICIPANT REGISTRATION FORM

IMPORTANT INFORMATION:

Special Group Registration Rate*: 5 Attendees for the price of 4 (a savings of \$395)

* All 5 attendees must register together and be paid using ONE single transaction (Check/Credit Card/PO are acceptable forms of payment) Group registration not available online.

- Lodging is not included in the conference registration fee. The reception, continental breakfasts, refreshment breaks, and the conference bag and materials are included in the registration fee.
- Cancellation/Transfer Policy: Cancellations must be in writing and postmarked by August 8, 2008 in order to receive a refund less the \$75 handling fee. Transfer of registration to another person is allowed at any time without penalty. **REFUNDS CANNOT BE AUTHORIZED FOR NO-SHOWS AND WILL BE BILLED AT CONFERENCE RATE.**
- Continuing Education Units (CEUs) may be earned at the rate of 1 CEU for 10 hours of attendance. Conference attendees will be awarded a certificate of 1.7 CEUs for 17 clock hours of attendance at this year's conference.
- For more information regarding registration, please contact Lynn Beard at (405) 325-1446 or beardl@ou.edu

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Billing Address (if different from above):

Organization _____

Address _____

City _____ State _____ ZIP _____ Phone _____ Fax _____

ATTENDEE #1

Name(last) _____ (first) _____ (m.i.) _____

Badge Name (if different) _____

Special Meal Request: Vegetarian Vegan _____

Request for interpreter: Sign Language _____

ATTENDEE #3

Name(last) _____ (first) _____ (m.i.) _____

Badge Name (if different) _____

Special Meal Request: Vegetarian Vegan _____

Request for interpreter: Sign Language _____

ATTENDEE #5

Name(last) _____ (first) _____ (m.i.) _____

Badge Name (if different) _____

Special Meal Request: Vegetarian Vegan _____

Request for interpreter: Sign Language _____

ATTENDEE #2

Name(last) _____ (first) _____ (m.i.) _____

Badge Name (if different) _____

Special Meal Request: Vegetarian Vegan _____

Request for interpreter: Sign Language _____

ATTENDEE #4

Name(last) _____ (first) _____ (m.i.) _____

Badge Name (if different) _____

Special Meal Request: Vegetarian Vegan _____

Request for interpreter: Sign Language _____

METHOD OF PAYMENT:

Purchase Order (Copy of P.O. or letter of authorization required)

Check

Credit Card (check): VISA MasterCard AmEx Discover

Name on Credit Card _____

Credit Card No. _____ Exp. Date _____

Signature _____

Payable to: The University of Oklahoma FEIN 73-6017987

The University of Oklahoma is an equal opportunity employer.
Printed at no cost to Oklahoma taxpayers.

Mail or fax registration by August 8, 2008 to:
College of Continuing Education Registration,
The University of Oklahoma,
1700 Asp Ave., Rm B-1, Norman, OK 73072-6400
Phone: (405) 325-0816 Fax (405) 325-7164