

6th Annual Black Doctoral Network Conference

October 25 - 27, 2018 | Embassy Suites by Hilton Charlotte | 4800 S Tryon St, Charlotte, NC 28217

RECRUITER REGISTRATION FORM

RECRUITER #1 Prefix _____ First Name _____ Last Name _____

Professional Title _____ Email _____

Ex: Associate Professor, Director, Assistant Coordinator

Gender: __ Male __ Female Age: __ 18-25 years old __ 26-35 years old __ 36-49 years old __ +50 years old

Status: __ Faculty __ Administrator __ Professional __ Other

RECRUITER #2 Prefix _____ First Name _____ Last Name _____

Professional Title _____ Email _____

Gender: __ Male __ Female Age: __ 18-25 years old __ 26-35 years old __ 36-49 years old __ +50 years old

Status: __ Faculty __ Administrator __ Professional __ Other

Company/Institution _____ Phone _____

Billing Address _____

City _____ State _____ Zip Code _____

I have read and agreed to the Recruitment Fair Booth Agreement: Yes

Select your registration type: Each recruiter package includes 2 conference registrations

Registration Type	Early-Bird Registration Ends June 30, 2018	General Registration Begins July 1, 2018
Career Fair Recruiters	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Career Fair Recruiters (University Partners)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Graduate School Fair Recruiters	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Graduate School Fair Recruiters (University Partners)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Graduate & Career Fair Recruiters	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Graduate & Career Fair Recruiters (University Partners)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550

BDN Networking Social Ticket ____ x \$25.00 (USD) = \$ _____

Names of all Networking Social Ticket Holders (include yourself): _____

Saturday Lunch Ticket (hot buffet) ____ x \$20.00(USD) = \$ _____

Names of all Saturday Lunch Ticket Holders (include yourself): _____

List any dietary restrictions? _____

Total Payment: \$ _____

Payment Method: Check (Payable to Black Doctoral Network) Visa MasterCard Discover

Card Number _____ **Card Exp.** _____ **CVV** _____

Card Holder Name _____

Authorization Signature _____

Refund Policy: Registration fees are refundable up until Friday, August 31, 2018. No refunds will be granted starting Saturday, September 1, 2018. For group submissions, registration fees are NON-REFUNDABLE, however, if a co-panelist withdraws, the group members can add in a substitute at no additional charge.

Mail completed form to: Black Doctoral Network Inc., 300 Delaware Ave. Suite 210, Wilmington, DE 19801 or send via e-mail to contact@blackphdnetwork.com. You will receive a confirmation email once your form has been processed.