National Black Graduate Student Association
Regional Conference Registration Form

REGION: **SOUTH CENTRAL** **SOUTHEAST** **NORTH CENTRAL** **NORTHEAST** **WESTERN**

Circle one: *New Member* *Current Member*

Circle one: *Mr.* *Mrs.* *Miss* *Ms.* *Dr.*

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Please give a valid email; confirmations will be sent via email.

Area of Discipline (check one):

_____ Business _____ Education _____ Engineering
_____ Fine Arts _____ Health & Medical _____ Humanities
_____ Law _____ Science _____ Social Science
_____ Other:

Current Institution _____

City _____ **State** _____ **Anticipated Graduation Date** _____

Graduate Degree Pursuing M. Ed MBA M.S. M.H.A. M.P.A Ph.D Other:
Type of Undergraduate Degree (circle one): B.S. B.A. Other:
Year of Completion: _____ **Field of Study:** _____
Undergraduate College/University: _____

Research Interests:

_____

_____

Please specify the NBGSA Committees or Commissions you would like to work with (Circle as many as desired) :

Conference	Communications	Nominations and Elections
Graduate Concerns	Special Projects	Judicial
Community Concerns	Membership	Finance

The registration fee for this conference is $35.00.

Payment Method:		Cash		Check		Money Order

Please make checks and money orders payable to: **NBGSA**

MAIL TO: National Black Graduate Student Association
MSC 590507
2400 6th Street NW
Washington, DC 20059