



# “Connections, Community and Career 2010”

8<sup>th</sup> Annual Personal and Professional Development Retreat for Women of Color

Saturday, April 10 - Monday, April 12, 2010

University of Akron - Student Union

325 Buchtel Common

Akron, Ohio 44325

## REGISTRATION AND EXHIBITOR FORM

### INDIVIDUAL REGISTRATION PACKAGES AND FEES

(Please insert number of registrants below.)

____ Saturday - Monday (with two nights accommodations, <b>double</b> occupancy)	\$649/per person
____ Saturday - Monday (with two nights accommodations, <b>single</b> occupancy)	\$749/per person
____ Sunday - Monday (with Sunday night accommodation, <b>double</b> occupancy)	\$549/per person
____ Sunday - Monday (with Sunday night accommodation, <b>single</b> occupancy)	\$599/per person
____ Sunday - Monday (without overnight accommodations)	\$499/per person
____ Sunday only (with Sunday night accommodation, <b>double</b> occupancy)	\$399/per person
____ Sunday only (with Sunday night accommodation, <b>single</b> occupancy)	\$499/per person
____ Sunday only (without overnight accommodations)	\$250/per person
____ Monday only (with Sunday night accommodations, <b>double</b> occupancy)	\$399/per person
____ Monday only (with Sunday night accommodations, <b>single</b> occupancy)	\$499/per person
____ Monday only (without overnight accommodations)	\$350/per person

### Exhibitor Information:

____ One (1) six-foot, skirted table, 2 chairs and a wastebasket	\$500.00
____ Two (2) six-foot, skirted tables, 4 chairs and a wastebasket	\$650.00

*Please make checks payable to:*

**WOMEN OF COLOR FOUNDATION**  
 1667 East 40<sup>th</sup> Street, Suite 3F  
 Cleveland, Ohio 44103  
 216/391-4300 phone  
 216/391-4224 fax  
 E-mail: [info@womenofcolorevents.com](mailto:info@womenofcolorevents.com)  
 Web site: [www.womenofcolorfoundation.com](http://www.womenofcolorfoundation.com)  
*Please copy this form for additional registrants.*

**Total amount enclosed:** \$ \_\_\_\_\_ # of Registrants \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Type: MC/Visa/AmX (circle one)  
 Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**Toll free phone number: 1.866.962.3411, Ext. 307 or 311.**

**Group rates for ten (10) or more registrations are available.**