## 11th Annual Black Doctoral Network Conference

October 19 - 21, 2023 | Atlanta Marriott Marquis | 265 Peachtree Center Avenue, Atlanta, GA 30303

## ATTENDEE REGISTRATION FORM

Prefix	First Name	Last Name
Profession	onal Title	
	Ex: Associate Professor, Director, A	Assistant Coordinator
Academi	ic Discipline	
Billing A	ddress	
City	St	tate Zip Code
Phone _	Email	
Name or	n Badge:	Sex: Male Female
Classifica	ation: Panel Presenter Poster Pre	senter Workshop Leader None
How did	you hear about our event?	
Status: _	Undergrad StudentGraduate/Docto	oral Student Faculty Administrator
_	Professional Other	
Social M	edia: Instagram Handle	Twitter Handle
Photo/V	<b>/ideo Release:</b> I give my consent to be ph	notographed or video recorded for the duration of the
conferer	nce.	
For pres	senters: Do you grant BDN permission to	announce your name, institution & abstract title across
social m	edia? 🗆 Yes 🗆 No	
Select y	our registration type: Registration typ	es listed below includes access to all three days
_		lay, Friday, and Saturday and lunch on Thursday and Fri
	Registration Types	Registration Fees
	Undergraduate Student	□ \$200
	Graduate Student	□ \$275
	Member	□ \$350
	Non-Member	□ \$399
□ Networking Social Tier 1 Ticket \$80 x		☐ Networking Social Tier 2 Ticket \$120 x
	orking Social Tier 3 Ticket \$250 x (T	
List any	dietary restrictions?	
Total Pa	ayment: \$	
Paymen	nt Method:	Doctoral Network) □ Visa □ MasterCard □ Discov
Card Nu	ımber	Card Exp CVV
		ng September 22, 2023.

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