

44th Annual SMU Women's Symposium - February 25, 2009 Visiting College Staff, Faculty & Student Registration Form

Name _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Fax _____ E-mail Address _____

College _____ Staff or _____ Student/ Grade _____

Have you attend the Women's Symposium before? _____ Y _____ N

Please check the following you plan to attend:
(All selections do include the afternoon sessions.)

44th Annual SMU Women's Symposium All-Day Program (includes all meal programs)

_____ \$40 (per person) # _____ registrations = TOTAL \$ _____

44th Annual SMU Women's Symposium Luncheon Speaker Program only

_____ \$20 (per person) # _____ registrations or _____ 1 Table (8) \$160 = TOTAL \$ _____

44th Annual SMU Women's Symposium Awards Dinner Program only

_____ \$20 (per person) # _____ registrations or _____ 1 Table (8) \$160 = TOTAL \$ _____

If you are attending the SMU Women's Symposium, which Interest Sessions will you be attending?

_____ Interest Session 2:00-2:50 p.m. _____ Interest Session 3:00-3:50 p.m. _____ Interest Session 4:00-4:50 p.m. _____ none

Payment method: I have enclosed a check made payable to *SMU Women's Symposium*

Total # of registrants: _____

TOTAL DUE: \$ _____

If more than one registrant,
please attach a list of all names attending.

Refund will be made only if cancellation is made seven (7) days prior to the start of the program.

Mail your completed registration form and fee to:
SMU Women's Symposium, P O Box 750172, Dallas, TX, 75275

Registration deadline Wednesday, February 18, 2009

For more information, please visit us at: **www.smu.edu/womsym**