

2024 HBCU/MI ENTREPRENEURSHIP AND INNOVATION

April 18-21, 2024

Westin Peachtree Plaza Hotel, Atlanta, GA

SPEAKER /ROLE MODEL REGISTRATION FORM

(One form per person)

Direction: Please download this form and save on your computer or phone. Fill out the form completely and save and send as an email attachment to: hbcumiei@gmail.com

Name: _____ Gender: _____

Title: _____ Organization: _____

Cell Telephone: _____ E-mail: _____

Address: _____

City: _____ State _____ Zip _____

Mode of Transportation: By Air: _____ Car: _____ Other: _____

If flying: Airline: _____ Flight Number: _____

Date of Arrival: _____ Time of Flight Arrival: _____

Date of Departure: _____ Time of Flight Departure: _____

Will you need airport pickup: Yes: _____ No: _____

Will you need hotel room: Yes: _____ No: _____

If driving: Car Make/Model: _____ Plate #: _____

Will you need hotel parking: Yes: _____ No: _____

Will you have spouse/partner with you: Yes: _____ NO: _____

If yes, Full Name: _____

Will you have body guards? Yes: _____ NO: _____

Any dietary restrictions: _____

Any special needs: _____

Name of Assistant: _____ Title: _____

Cell Telephone: _____ E-mail: _____