2024 HBCU/MI ENTREPRENEURSHIP AND INNOVATION April 18-21, 2024 Westin Peachtree Plaza Hotel, Atlanta, GA

MEALS FORM

(One form per person)

(Select one):		(one form per perso	,	
	_ HBCU/MI Student Team Member _HBCU/MI Team Faculty Advisor _Additional HBCU/MI Student _Additional HBCU/MI Faculty			
	_HBCU/MI Dean	HBCU/MI Dean		
	HBCU/MI President/Chancellor			
Small Business/Individual				
	Institutional/Corporate/Government			
Name:		Gender:		
Title:		Organization:		
Cell Telephone:		E-mail	:	
Name of Office Assistant:			Cell #	
MEALS (Pl	ease write YES or 1	NO)		
Thursday Evening Reception: Thursday Dinner:				
Friday Breakfast:		_ Friday Lunch:	Friday Dinner:	
Saturday Bre	akfast:	Saturday Lunch:	Saturday Awards Dinner:	
Sunday Breakfast:		Check Out by 11:00 AM.		
Any Food Dr	oforonaas or Postria	tions (Dlassa note that w	a do not take ony responsibility in this	

Any Food Preferences or Restrictions (Please note that we do not take any responsibility in this regard. It is your responsibility to check before eating or drinking anything at this event. We will try to accommodate your need as much as we can):