

**2024 HBCU/MI ENTREPRENEURSHIP AND INNOVATION**

**April 18-21, 2024**

**Westin Peachtree Plaza Hotel, Atlanta, GA**

**VOLUNTEER REGISTRATION FORM**

(One form per person)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Classification & Major: \_\_\_\_\_ Institution: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Your Professor who nominated you: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have any special need? \_\_\_\_\_

Are you able to carry boxes up to 20 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your qualification? \_\_\_\_\_

Are you ready to share a hotel double bed room? Yes \_\_\_\_\_ NO \_\_\_\_\_

Are you fully available for April 17-21, 2024: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

Are you able to work under time pressure? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be able to smile to all participants all the time: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to do all the work necessary for the conference? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work as a member of a team? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take directions from the team leaders? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you accept that you may be removed anytime for non-performance? Yes \_\_\_\_\_ NO \_\_\_\_\_