

2024 HBCU/MI ENTREPRENEURSHIP AND INNOVATION

April 18-21, 2024

Westin Peachtree Plaza Hotel, Atlanta, GA

SPUSE / GUEST REGISTRATION FORM

(One form per person)

(Select one):

_____ Full Registration (\$1,000)

(Full Registration will include 3 Reception, 3 Dinner, 3 Breakfast, 2 Luncheon, all conference materials, all sessions, presentations, and exhibits).

_____ Saturday Only Registration (\$500.00/person)

_____ Saturday Awards Dinner Only Registration (\$250 / person)

Name: _____ Gender: _____

Title: _____ Organization: _____

Address: _____

City: _____ State _____ Zip _____

Cell Telephone: _____ E-mail: _____

**Please make your check payable to: HBCU/MI ENTREPRENEURSHIP AND INNOVATION

Mailing Address:

3246 Paces Mill Road
Atlanta, GA 30339

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Credit Card Payment:

Name: _____ Organization: _____

Credit Card Type _____ Card# _____ Exp Date ____/____

Card Code: _____.

Billing address: _____ City _____ State _____

Zip code _____ Signature: _____