

2025 HBCU/MI ENTREPRENEURSHIP AND INNOVATION

April 09-13, 2025

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 09-13, 2025: 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 _____