## 2025 HBCU/MI ENTREPRENEURSHIP AND INNOVATION

**April 09-13, 2025** 

Westin Atlanta Airport 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 roon	n? YesNC	)
Are you fully available for April 09-13, 2025:	YesNo	
Do you have any dietary restrictions?		
Are you able to work under time pressure? Yes	S No	
Will you be able to smile to all participants all	the time: YesNo	
Are you willing to do all the work necessary fo	or the conference? Yes	_ No
Are you willing to work as a member of a team	1? Yes No	
Are you willing to take directions from the tear	m leaders? Yes 1	No
Do you accept that you may be removed anytin	me for non-performance? Ves	NO