



**African American Male Summit:
A Critical Examination of Institutional Barriers in Community Colleges**

1st Annual Conference | The Rose Center | March 19, 2008 | Westminster, CA

Part One: Registration Information *(One Application per Participant) Print or Type*

Name: _____ Phone (Office): _____

Position/Title: _____ Phone (Other): _____

Check One: Administrator Classified Faculty Trustee Student Other

College/Organization: _____

Mailing Address: _____ City: _____ ZIP: _____

E Mail: _____ Fax: _____

Part Two: Registration Fees

_____ Professional Registration Fee: \$75.00

_____ Student Registration Fee: \$20.00

I am unable to attend

Please accept my enclosed donation of \$_____ as a contribution

For more information

Coastline Community College: www.coastline.edu

A²MEND: www.a2mend.org

- Registration includes general sessions, seminar/workshop materials, meals, conference materials
- A portion of your registration goes toward the African American Male Education Network and Development (A²MEND) Scholarship Fund
- All individuals registering for the conference waive their right to being videotaped

Part Three: Method of Payment

___ Check/Money Order Check # _____ ___ Visa ___ MasterCard ___ Discover ___ American Express

___ Purchase Number _____

P.O. will be accepted for mail-in registration, but records will reflect "unpaid" until payment are received.

***P.O. will not be accepted on site

Card Number _____

Expiration Date: _____

Print Card Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

If payment is not received by March 10, 2008, you will be responsible for payment on-site.

Please send your application with payment or donation to:

**African American Male Summit
c/o CCCF
11460 Warner Ave
Fountain Valley, CA 92708
(714) 241-6257 College Center
(714) 241-6288 College Center Fax**