

Registration Form
7th Annual 2009 Millennium Leadership Conference
November 6, 7, 8, 2009
“Embracing Leadership: Creating Change”

Clark University
950 Main Street
Worcester, MA 01610

Registration – June 1 - October 24, 2009

Registration materials must be post marked on or before October 24, 2009. Full payment or a purchase order form must accompany this form. Please make checks payable to *Clark University MLC*. Mail check and registration form together to Academic Advancement, Clark University, 950 Main St. – Dana Commons, Worcester, MA 01610-1477. Please fax forms to Academic Advancement – 508-421-3733. For further questions, please contact Ms. Wes Gadson at ACE@clarku.edu or 508-421-3722.

(Please print clearly)

Name _____	
Institution/organization _____	
Major _____	Class Yr. _____
Mailing Address _____	
City _____	State _____ Zip _____
Position/job title _____ Phone (_____) _____	
Direct contact phone number () _____ Is this a cell phone Y ___ N___	
Preferred E-mail address _____	
Fax number _____	
Will you be attending the banquet? Y___ N___ Key note address Y ___ N ___	
Will you be attending the closing brunch on Sunday at 11 a.m.? Y___ N ___	
*Do you need any special accommodations for meals? (Circle one) yes or no	

Registration Fee is \$25.00 – Check, purchase order, or money orders accepted and should be made payable to Clark University – MLC2k9. Please mail payment with registration to the address at the top of this form.

Is this your first Millennium Leadership Conference? Y ___ N ___ Are you a Clark Alumnus? Y___ N ___

*** a vegetarian dish will be provided.**

___ **Please invoice me, a purchase order is attached.**

___ **A check is enclosed.**

Refund policy – registration fees paid in advance are refundable (less a \$5.00 processing fee) if written notice of cancellation is received/faxed on or before 10/24/09. No refund request will be accepted after this date. All refunds will be made after the conference.

Registration fees include conference program and materials, Saturday speaker & banquet and Sunday brunch.

Hotel – Hilton Garden Inn Hotel – 35 Major Taylor Blvd., Worcester, MA 01608,

Transportation to Clark will be provided for each day’s activities. For reservations call 508-753-5700 OR 1-800-445-8667. The rate is \$99 per night with 4 per room and the tax rate is 12.45%.

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By signing this form, you authorize a \$_____ registration fee to be charged to your Clark University student account.

It is hereby expressly agreed that upon default of payment over a period of more than ten (10 days) that all payments, with interest, shall at once become due and payable at the option of Clark University, and the registration of the student will be subject to immediate cancellation thereof without demand or notice, demand and notice being hereby expressly waived. In addition, I promise to pay all attorney’s fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due.

STUDENT SIGNATURE: _____

DATE: _____

PRINT NAME _____

CLARK ID# _____