



The African-American Child in School

Conference on Research Directions: Companion Form

May 7-10, 2017
The Beach House
Hilton Head Island, South Carolina

Registered Person: _____

Companion Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Please indicate whether you have any special dietary needs or require any other special accommodations:

I understand that due to Hotel rules, the registration fees are non-refundable after March 4, 2017. Registration refunds will be made only upon receipt of written requests received by that date. A handling charge of \$50.00 will be deducted.

Signature: _____ Date: _____

For additional information or questions, contact
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