



19TH WESTERN REGIONAL UCLGBTQIA COLLEGE CONFERENCE  
FEBRUARY 13-15, 2009 AT UC SANTA BARBARA  
LATE GROUP CONFERENCE REGISTRATION FORM

**Policies:**

1. Group Registration is available for groups of 5 or more people from one college campus.
2. Post-mark deadline for mailed check payment: Monday, February 2, 2009.
3. Telephone deadline for credit card payment: Friday, February 6, 2009.
4. **NO REFUNDS** will be given if you decide to cancel.



**\$35 – any group member affiliated with a college**

Registration is organized by UC Santa Barbara’s Associated Students Queer Commission and the Resource Center for Sexual Gender and Diversity (RCSGD) (805.893.5847). Please note that the individual registering will receive an E-mail confirmation from the RCSGD once registration information and payment have been processed. The **Individual is responsible** for checking in with the RCSGD if no E-mail verification is sent.

**Accessibility:** All efforts will be made to meet accessibility needs. Please contact Edgar Vargas at [Edgar.vargas@umail.ucsb.edu](mailto:Edgar.vargas@umail.ucsb.edu) or Gloria Schindler at [Gloria.schindler@gmail.com](mailto:Gloria.schindler@gmail.com) by January 30, 2009.

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**In order to register correctly:**

1. Complete the Late Group Registration Form and email it to: [rsgd@sa.ucsb.edu](mailto:rsgd@sa.ucsb.edu)

**Processing Payment and Complete Registration:**

2. If **paying by credit card**, please **call 805.893.2064** to charge by phone or fill out bottom portion of form (*NOTE: AS Cashiers & Ticket office hours are from 10am-5pm, M-F. Phone messages will not be returned. Registration question can be addressed by calling the RCSGD at 805.893.5847 or via email at: [rsgd@sa.ucsb.edu](mailto:rsgd@sa.ucsb.edu)*)
3. If **paying by check**, print out the completed registration form, and enclose the check made payable to “Associated Students” and mail it to:

University Center-2537  
University of California, Santa Barbara  
Santa Barbara, CA 93106



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Group Name: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_

Group Leader E-mail: \_\_\_\_\_

Group Leader Phone: \_\_\_\_\_

Campus Name: \_\_\_\_\_

Campus location (City, State, Zip code): \_\_\_\_\_

\_\_\_\_\_

**# of Registrants: \_\_\_\_\_ x \$35.00 / person = \_\_\_\_\_ Total Payment for entire Group**

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**Please complete page 3 with a list of participants information:**

1. First and Last Name (for Name Tag)
2. Campus affiliation (student or staff/faculty/advisor)
3. Meal Preference: Non-Vegetarian or Vegetarian or Vegan (and any Allergies)

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**Method of Payment**

\_\_\_\_\_ Check or Money Order, payable to "Associated Students" (please enclose)

\_\_\_\_\_ Credit Card (please complete information below) or call 805.893.2064

**Credit Card Information – (Note: "A.S. Cashiers" will appear on your credit card statement)**

Cardholder Name: \_\_\_\_\_

Choose one: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard      Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      **Cardholder Signature:** \_\_\_\_\_



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## Group Registration Information

Instructions: Please include information on ALL members of your group, including the Group Leader if they are attending.

**# of Registrants = \_\_\_\_\_**

**Name** (for name tag)    **Status** (Student or Staff/Faculty)  
*Ex. Jane Austen*            *Student*

**Meal** (Standard, Vegetarian, Vegan)  
*Vegetarian*

- 1.
- 2.
- 3.
- 4.
- 5.