



19TH WESTERN REGIONAL UCLGBTQIA COLLEGE CONFERENCE
FEBRUARY 13-15, 2009 AT UC SANTA BARBARA
HIGH SCHOOL INDIVIDUAL CONFERENCE REGISTRATION FORM

Policies:

Post-mark deadline for mailed check payment: Monday, February 2, 2009.

Telephone deadline for credit card payment: Friday, February 6, 2009.

NO REFUNDS will be given if you decide to cancel.



\$25 – High School Student

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 or Gloria Schindler at Gloria.schindler@gmail.com by January 30, 2009.

In order to register correctly:

1. Complete the Individual Registration Form and email it to: 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*)
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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Information

First and Last Name (for name tag):

E-mail: _____ Phone: _____

High School Name: _____

High School location (City, State, Zip code): _____

 High School Student \$25 payment due

Meal Preference

Note: Only dinner will be provided on Saturday, February 15th. Please select the type of meal you would prefer:

Non-Vegetarian _____ Vegetarian _____ Vegan _____

Other: _____ Allergies?: _____

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:** _____