



NATIONAL  
**EQUITY**  
PROJECT

## Event Registration Form

Instructions: Send completed form with check for total registration fee to: National Equity Project, 1720 Broadway, 4<sup>th</sup> Floor, Oakland, CA 94612. Include event name in check memo.

Please Note:

- The best way to secure your registration is to pay online with credit card.
- Seats are secured upon receipt of payment.
- All fields with an asterisk (\*) are required. Incomplete/illegible forms will be returned to sender.

## Payment Authorization

I am authorized to purchase the attached event registrations in the amount of \_\_\_\_\_  
on behalf of \_\_\_\_\_  
Paying Organization

Total Registration Fee Due

All event registration payments are expected in advance of the event and within 30 days of receipt of invoice. If payment is not received within 30 days of sending invoice, the account will be deemed delinquent.

The National Equity Project offers a full refund for registrants who cancel up to two weeks prior to the event start date. In the event that any participant does not attend, you are still responsible for full payment. To cancel registration or to make arrangements for substitution, please email [events@nationalequityproject.org](mailto:events@nationalequityproject.org).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Role

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Event Information

Title of Event*		Date(s)*		City & State*	
Registration Fee*	x	# of Registrations*	=	Total Fee Due*	

## Registering Company Information

Company Name*		Purchase Order Number	
Street Address*	City*	State*	Zip*
Billing Contact Name*	E-Mail Address*	Phone*	

## Attendee(s) Information

Attendee 1: \_\_\_\_\_

First Name*	Last Name*	Pronouns
Title/Role*		E-Mail Address*
Self-Identified Race/Ethnicity		Dietary Needs*

Attendee 2: \_\_\_\_\_

First Name*	Last Name*	Pronouns
Title/Role*		E-Mail Address*
Self-Identified Race/Ethnicity		Dietary Needs*

Attendee 3: \_\_\_\_\_

First Name*	Last Name*	Pronouns
Title/Role*		E-Mail Address*
Self-Identified Race/Ethnicity		Dietary Needs*

If you're registering more than 10 attendees, please complete and send an additional form.

**Questions?** Contact us at [events@nationalequityproject.org](mailto:events@nationalequityproject.org) or 510.208.0160.

**Attendee 4:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

---

Self-Identified Race/Ethnicity Dietary Needs\*

**Attendee 5:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

---

Self-Identified Race/Ethnicity Dietary Needs\*

**Attendee 6:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

---

Self-Identified Race/Ethnicity Dietary Needs\*

**Attendee 7:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

---

Self-Identified Race/Ethnicity Dietary Needs\*

**Attendee 8:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

---

Self-Identified Race/Ethnicity Dietary Needs\*

**Attendee 9:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

---

Self-Identified Race/Ethnicity Dietary Needs\*

**Attendee 10:** \_\_\_\_\_  
First Name\* Last Name\* Pronouns

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\_\_\_\_\_

Title/Role\* E-Mail Address\*

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Self-Identified Race/Ethnicity Dietary Needs\*

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