



GROUP REGISTRATION

School/Organization Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Group Advisor: _____

Title: _____

Registering Contact: _____

Title: _____

Phone: _____ **Fax:** _____

Email Address: _____

Student Registration Information: *(please include grade: fresh, soph., jr., sr., college / shirt size of L, XL, XXL, or XXXL)*

- 1) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 2) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 3) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 4) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 5) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 6) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 7) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 8) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 9) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 10) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 11) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 12) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 13) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 14) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 15) Name: _____ Grade: _____ Shirt: _____ Email: _____
- 16) Name: _____ Grade: _____ Shirt: _____ Email: _____

17) Name: _____ Grade: _____ Shirt: _____ Email: _____
 18) Name: _____ Grade: _____ Shirt: _____ Email: _____
 19) Name: _____ Grade: _____ Shirt: _____ Email: _____
 20) Name: _____ Grade: _____ Shirt: _____ Email: _____
 21) Name: _____ Grade: _____ Shirt: _____ Email: _____
 22) Name: _____ Grade: _____ Shirt: _____ Email: _____
 23) Name: _____ Grade: _____ Shirt: _____ Email: _____
 24) Name: _____ Grade: _____ Shirt: _____ Email: _____
 25)* Name: _____ Grade: _____ Shirt: _____ Email: _____

Total Students _____ Registration \$ 25.00 per person Student Registration Total: \$ _____

**Groups registering 25 or more will be discounted to \$20 per person*

Professional Adult Registrations (please attach list for any additional names)

1) Name: _____ Email: _____ Phone: _____ Shirt: _____
 2) Name: _____ Email: _____ Phone: _____ Shirt: _____
 3) Name: _____ Email: _____ Phone: _____ Shirt: _____

Total Professionals _____ Registration \$ 25.00 per person Professional Registration Total: \$ _____

TOTAL REGISTRATION FEE: \$ _____

Method of Registration Payment:

____ Credit Card
 ____ Website
 ____ Check/Cash
 ____ Purchase Order

MasterCard Visa American Express

Card # _____

Exp. Date _____ CVC _____

____ Invoice Required *(Please allow ample time for processing registration)*

You may scan your registration to:

conference@robertjacksonmotivates.com

Please contact the NME BMSU! Conference with any questions

Phone: (323) 270-0716

conference@robertjacksonmotivates.com

No More Excuses Black Men Stand Up! Conference Tax ID # is 308789414

*An email confirmation of payment will follow the processing of your registration.
 Please make sure we have the email address of your primary contact person for this confirmation.*

Please go to www.robertjacksonmotivates.com and click on conference 2019 for more information