

Young Women's Leadership Conference

High School Conference * Nov. 13, 2009 * America's Center



SCHOOL REGISTRATION FORM

SCHOOL INFORMATION

NAME OF SCHOOL:

SCHOOL DISTRICT:

ADDRESS:

CITY:

STATE:

ZIP:

CONTACT INFORMATION

NAME OF CONTACT PERSON:

TITLE:

PHONE:

FAX:

EMAIL ADDRESS:

CONFERENCE FEE

REGISTRATION: \$10 PER STUDENT. SCHOOLS RECEIVE ONE FREE CHAPERONE REGISTRATION FOR EVERY 10 STUDENTS REGISTERED. IF UNDER 10 STUDENTS COST IS 10.00 PER ADULT.

METHOD OF PAYMENT: AMOUNT PAID: \$ _____ (Make checks payable to YWCA Metro St. Louis)

CHECK PURCHASE ORDER CREDIT CARD (MasterCard/Visa/Discover)

CREDIT CARD TYPE: _____ CARD #: _____ EXP. DATE: _____

CONFERENCE PARTICIPATION

YES! – WE WILL ATTEND THIS YEAR'S CONFERENCE.

No. of student registrations: 10 15 20 25 30 35 40 45 50+ **No. of chaperones:** _____

MAYBE – WE ARE INTERESTED IN ATTENDING THIS YEAR'S CONFERENCE, HOWEVER, WE HAVE BARRIERS: (Please state) _____

SCHOLARSHIP CONSIDERATION (PLEASE IDENTIFY YOUR SCHOOL'S SCHOLARSHIP NEEDS): _____

NO – WE ARE UNABLE TO ATTEND THE CONFERENCE THIS YEAR.

SCHOOL REFERRALS

DO YOU KNOW OF ANY OTHER SCHOOLS AND/OR COMMUNITY GROUPS THAT WOULD BE INTERESTED IN ATTENDING THIS YEAR'S CONFERENCE? PLEASE HELP US BUILD OUR DATABASE OF INTERESTED SCHOOLS AND ORGANIZATIONS.

NAME OF SCHOOL: _____

CONTACT PERSON: _____ TITLE: _____

PHONE: _____ EMAIL: _____

PLEASE RETURN SCHOOL REGISTRATION FORM WITH PAYMENT BY **OCT. 2, 2009** TO:

eliminating racism
empowering women

ywca

metro st. louis

YWCA METRO ST. LOUIS
ATTN: YOUNG WOMEN'S LEADERSHIP CONFERENCE
3820 WEST PINE BOULEVARD, ST. LOUIS, MO 63108
PH: 314.531.1115/FAX: 314.531.5008 EMAIL: ywteens@ywcastlouis.org