REGISTRATION

Rates:
Conference Rate (non-NIU) $79.00
Conference Rate (NIU) $29.00
Conference Rate (Student) $19.00

Four Ways to Register:
1. Mail:
   NIU Outreach Registration
   Northern Illinois University
   DeKalb, IL 60115

2. Online:
   https://registeruo.niu.edu/iebms/wbe/wbe_p1_main.aspx?oc=40&cc=WBE4015244

3. Phone:
   800-345-9472 or 815-753-0277

4. FAX: 815-753-6900
   For access to TDD/TTY line, please contact the Illinois Relay Service at 711

(Scroll down for registration form)
2ND NATIONAL SYMPOSIUM ON
LGBTQ RESEARCH
IN HIGHER EDUCATION
REGISTRATION FORM

Name: _________________________________________________________________

Address: Street _______________________________________________________________________
          City ___________________________________________________________________________
          State, zip _______________________________________________________________________

Phone: ___________________________ Email: _____________________________________________

Title/Position: _____________________ Organization: _______________________________________

Please indicate any special needs: _______________________________________________________

I am a:

☐ Conference Professor; Research focus: _________________________________________________
☐ Graduate Student; Program of study: ___________________________________________________
☐ NIU Faculty/Staff/Student  Department: ________________________________

Please register me for:

☐ Conference Rate (non-NIU) $79.00
☐ Conference Rate (NIU) $29.00
☐ Conference Rate (Student) $19.00

Payment Options (Payment must accompany registration):

☐ Check/Money Order (payable to NIU) ☐ Mastercard
☐ Visa ☐ Discover ☐ American Express
☐ PO Number: ________________ ☐ FEIN Number: ________________

Billing name and address: ________________________________________________________________
_____________________________________________________________________________________

Acct. No.: _____________________________ Exp. Date: ______________________________

Signature of cardholder: _________________________________________________________________

NIU Faculty/Staff/Student Department: ________________________________

Department of Counseling, Adult and Higher Education
College of Education