



# DIVERSITY SOLUTIONS BEST PRACTICES CONFERENCE

## FIVE WAYS TO REGISTER

Call: (703) 359-5969  
 (800) 899-6363  
 Fax: (703) 359-5971

info@DiversityCare.com  
 www.DiversityBestPracticesConference.com

Conference Fee	Quoted Discount (if any)		Regular Price
	Insert Code	Price	
Commercial/ Academia / Non-Profit		\$	\$449.00
Government		\$	\$349.00

*Cost includes registration, breakfast, lunch, and conference proceedings*

### PRINTED MATERIALS

TITLE	COST	TOTAL COST
<i>One Race: Human Diversity Solutions Book</i> by Dr. Johnson A. Edosomwan	\$ 25.00	\$ <input type="text"/>
<i>Winning Leaders and Managers Book</i> by Dr. Johnson A. Edosomwan	\$25.00	\$ <input type="text"/>
Previous Conference Proceedings Years requested: <input type="text"/>	\$ 25.00	\$ <input type="text"/>

### METHOD OF PAYMENT

- Check Enclosed     
  Purchase Order     
  Payment Made Online  
 Credit Card (enter details below)

### CREDIT CARD DETAILS

Number of Participants This Card Will Pay for:

Total to be Charged to Card: \$

Card Type:  AMEX  MASTERCARD  VISA      Expiration Date:

Card #:       CVV:

Name on Card:       Signature:

Billing Address:       City/State/Zip:

Email for Billing Confirmation:       Phone:

### CANCELLATION POLICY

If a registrant is unable to attend, he/she may send a substitute, request a certificate of transfer, or cancel the registration. If the registration is cancelled more than 30 days in advance of the event, the registration fee, less a 50% service charge per person, will be refunded. If registration is cancelled within 30 days of the event, there will be no refund. The certificate of transfer may be redeemed at the full registration fee for a future event of equal cost or as a partial fee for an event of higher cost. Should a presenter in this event be unavailable due to conditions beyond our control, another equally qualified presenter will be substituted.

Call (703)359-5969 for special group rates or discounts for repeat attendees!  
 Please complete one form per registrant. Feel free to make copies as needed.

### REGISTRANT INFORMATION

Name:

Title:

Organization:

Address:

City:       State:

Zip Code:       Email:

Phone:       Fax:

Mail this form with payment to Diversity Solutions Best Practices Conference  
 3970 Chain Bridge Road, Fairfax, VA 22030