

Historically American. Uniquely Caribbean. Globally Interactive.

Office of the President

| MALE EMPOWERMENT CONFERENCE REGISTRATION FORM | | | | | | | |
|--|--------------------|------------------------|------------|----------------------------|----------------------------------|--|--|
| Name: | First Name | Middle Initial | Last Name | Date: | mm/dd/yyyy | | |
| Nickname: | | Date of Birth: | mm/dd/yyyy | Age: | | | |
| Physical Address: | Street | City, State | Zip Code | Gender: | | | |
| Mailing Address: | | | | Primary Phone Number: | | | |
| Email Address: | Street | ^{City, State} | Zip Code | Secondary Phone Number: | (###) ### #### (###) ### #### | | |
| Occupation: | | School: | | Referred By: | | | |
| | | e Male Empowerment Co | onference? | | | | |
| 2. What are your sh | ort-term and long- | term career goals? | | | | | |

| IN CASE OF EMERGENCY | | | | | | |
|---|----------------------|-------|------|--|--|--|
| Name of local friend or relative (not residir | ng at same address): | | | | | |
| Relationship to participant: | | | | | | |
| Phone Numbers (at least two): | | | | | | |
| Participant's/Guardian Signature: | | Date: | уууу | | | |

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