

## Office of the President

	MALE	<b>EMPOWERME</b>		RENCE	
		REGISTRAT	ION FORM		
Name:	Circl Name	Adiable lession	LastName	_ Date:	
	First Name	Middle Initial	Last Name		mm/dd/yyyy
Nickname:		Date of Birth:	mm/dd/yyyy	Age:	
			mm/dd/yyyy		
Physical Address:	Street	City, State	Zip Code	Gender:	
	Street	Oity, State	Zip code		
Mailing Address:				Primary Phone Number: (###) ###-##	
	Street	City, State	Zip Code		(###) ###-####
				Secondary Phone	
Email Address:		_ Website Address:	URL	Number:	(###) ###-####
					,
Occupation:		_ School:		Referred By:	
What do you expect to gain from the Male Empowerment Conference?					
i. What do you expec	it to gain nom the	i Male Empowerment Of	omerence :		
2. What are your short-term and long-term career goals?					
2. What are your short-term and long-term career goals:					
		IN CASE OF E	MERGENCY		
Name of local friend or relative (not residing at same address):					
Relationship to participant:					
Phone Numbers (at lea	ast two):				
Participant's/Guardian Signature: Date:					mm/dd/yyyy