



# Event Registration Form

Instructions: Send completed form with check for total registration fee to: National Equity Project, 1720 Broadway, Oakland, CA 94612. Include event name in check memo.

Please Note:

- The best way to secure your registration is to pay online with credit card.
- Seats are secured upon receipt of payment.
- All fields are required. Incomplete/illegible forms will be returned to sender.

## Payment Authorization

I am authorized to purchase the attached event registrations in the amount of \_\_\_\_\_  
Total Registration Fee Due  
on behalf of \_\_\_\_\_  
Paying Organization

All event registration payments are expected in advance of the event and within 30 days of receipt of invoice. If payment is not received within 30 days of sending invoice, the account will be deemed delinquent.

The National Equity Project offers a full refund for registrants who cancel up to two weeks prior to the event start date. In the event that any participant does not attend, you are still responsible for full payment. To cancel registration or to make arrangements for substitution, please email [events@nationalequityproject.org](mailto:events@nationalequityproject.org).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Role

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Event Registration Form

Instructions: Send completed form with check for total registration fee to: National Equity Project, 1720 Broadway, 9th Fl., Oakland, CA 94612. Include event name in check memo.

Please Note:

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## Event Information

Title of Event	Date(s)	City & State
Registration Fee	x	# of Registrations = Total Fee Due

## Registering Company Information

Company Name	Purchase Order Number
Street Address	City State Zip
Billing Contact Name	E-Mail Address Phone

**Attendee(s) Information**

**Please complete all fields for each attendee**

**Attendee 1:**

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First Name Last Name

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E-Mail Address Cell Phone School Name

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Title/Role Grade and/or subject How many years have you been teaching?

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Self-Identified Race/Ethnicity  Dietary Needs

**Attendee 2:**

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First Name Last Name Pronouns

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E-Mail Address Cell Phone School Name

---

Title/Role Grade and/or subject How many years have you been teaching?

---

Self-Identified Race/Ethnicity  Dietary Needs

**Attendee 3:**

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First Name Last Name Pronouns

---

E-Mail Address Cell Phone School Name

---

Title/Role Grade and/or subject How many years have you been teaching?

---

Self-Identified Race/Ethnicity Pronouns Dietary Needs

**Attendee 4:**

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First Name Last Name Pronouns

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E-Mail Address Cell Phone School Name

---

Title/Role Grade and/or subject How many years have you been teaching?

---

Self-Identified Race/Ethnicity Pronouns Dietary Needs

**Attendee 5:**

---

First Name Last Name Pronouns

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E-Mail Address Cell Phone School Name

---

Title/Role Grade and/or subject How many years have you been teaching?

---

Self-Identified Race/Ethnicity Pronouns Dietary Needs

**Attendee 6:**

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First Name Last Name Pronouns

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E-Mail Address Cell Phone School Name

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Title/Role	Grade and/or subject	How many years have you been teaching?
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Self-Identified Race/Ethnicity	<input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Dietary Needs
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**Attendee 7:**

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First Name	Last Name	Pronouns <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other
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E-Mail Address	Cell Phone	School Name
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Title/Role	Grade and/or subject	How many years have you been teaching?
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Self-Identified Race/Ethnicity	<input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Dietary Needs
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**Attendee 8:**

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First Name	Last Name	Pronouns <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other
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E-Mail Address	Cell Phone	School Name
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Title/Role	Grade and/or subject	How many years have you been teaching?
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Self-Identified Race/Ethnicity	<input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Dietary Needs
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**Attendee 9:**

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First Name	Last Name	Pronouns <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other
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E-Mail Address	Cell Phone	School Name
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Title/Role	Grade and/or subject	How many years have you been teaching?
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Self-Identified Race/Ethnicity	<input type="checkbox"/> Other	Dietary Needs
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**Attendee 10:**

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First Name	Last Name	Pronouns <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other
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E-Mail Address	Cell Phone	School Name
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Title/Role	Grade and/or subject	How many years have you been teaching?
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Self-Identified Race/Ethnicity	<input type="checkbox"/> Other	Dietary Needs
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If you're registering more than 10 attendees, please complete and send an additional form. **Questions?** Contact us at [events@nationalequityproject.org](mailto:events@nationalequityproject.org) or 510.318.3644.