# **REACH ACROSS DAYTON**

# **R**ealizing **E**thnic **A**wareness and **C**ultural **H**eritage

# **Conference Fee Waiver Application**

Please accept my application for attendance at the Twenty-Seventh Annual **REACH Across Dayton Studies Conference – Friday, February 28, 2020, 9:00 a.m. – 4:30 p.m.**

(Check-in begins at 8:15-9:00 a.m. at Sinclair College, Ponitz Center, Building 12)

**Applications must be received by Friday, February 14, 2020.**

(**PLEASE PRINT** **CLEARLY**)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, City, State: **(REQUIRED) \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Email: **(REQUIRED**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **I am a:**

# **\_\_\_\_\_\_ Community Member**

**\_\_\_\_\_\_ High School Student**

**\_\_\_\_\_\_ Sinclair Student**

If you are a student: School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member who told you about REACH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like accommodation for special needs \_\_\_\_\_ Type of accommodation needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:** If I am awarded a Conference Fee Waiver, I agree to attend the conference for the entire day 9:00 a.m.–4:30 p.m. The Conference Fee Waiver includes lunch in the Great Hall and morning and afternoon refreshments. **I will also fill out evaluations of the conference, including individual breakout sessions and turn it in at the end of the day.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this form to your instructor or Derek Petrey [derek.petrey@sinclair.edu](mailto:derek.petrey@sinclair.edu) (937-512-3116) or Terri Dillon, [terri.dillon@sinclair.edu](mailto:terri.dillon@sinclair.edu) (937-512-4620) REACH Across Dayton, Sinclair Community College, 444 West Third Street, Dayton, Ohio, 45402-1460. Fee Waivers will be given on first come, first serve basis. The number of fee waivers given will depend upon the amount of donations made to the scholarship fund.

**IMPORTANT:**

**You will be notified by email when the Conference Fee Waiver is granted.**

**You must respond to the email that you accept the fee waiver in order to complete the registration and be accepted to attend the conference. Notify Terri Dillon at 937-512-4620 (or by email:** [**terri.dillon@sinclair.edu**](mailto:terri.dillon@sinclair.edu)**) if you need to cancel.**