**Annual REACH Across Dayton Conference Registration Form**

**Time** **and Location: Friday, February 28, 2020**, 9:00AM- 4:30 PM (check-in begins 8:15 AM).

Sinclair Community College, Ponitz Conference Center, Building 12. Parking is FREE under Building 12, the Ponitz Conference Center. The entrance is on East Fourth Street. You must request a parking pass at the registration table.

**Cost:** Conference is $50.00 which includes the conference, lunch, and parking. Fee must be paid at time of registration. A limited number of scholarships are available. Contact Derek Petrey at 937-512-3116 for additional information.

**The conference requires prior registration that must be received at Sinclair Community College by:**

**February 14, 2020**

**You can register in one of three ways:**

**Online:** Register with a credit card at [www.sinclair.edu/REACH](http://www.sinclair.edu/reach); click on REACH Conference 2020 and then Register/Payment page and follow the instructions.

**Mail:** Fill out the bottom of this form and mail with your check made out to Sinclair Community College for $50.00 to:

***REACH Across Dayton***, Sinclair Community College

ATTN: Bursar Office—John Coyle

444 West Third Street, Dayton, Ohio 45402-1460

**In Person:** Register at the Bursar Office/College Cashier, Room 10-016, Sinclair College Dayton Campus

**CANCELLATION AND REFUND POLICY: You must cancel by e-mail to** [**derek.petrey@sinclair.edu**](mailto:derek.petrey@sinclair.edu)

**NO** refunds will be issued after **February 21, 2020**.

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Please enroll me in the Twenty-Seventh Annual *REACH Across Dayton* Studies Conference, February 28, 2020.

Registration must be received by February 14, 2020.

(PLEASE PRINT)

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

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:**\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell or Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like accommodations for special dietary needs (circle): **Yes / No**

Type of accommodations needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF THIS IS TO BE BILLED TO A PURCHASE ORDER, please FILL THIS PART OUT in BLOCK LETTERS**

Please bill this to Purchase Order#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School or Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send this registration form and payment to: *REACH Across Dayton*, Sinclair Community College,**

**ATTN: John Coyle, Bursar Office, 444 West Third Street, Dayton, OH 45402-1460**