udent Disciplinary Hearing Authority
2008 Conference Registration Form
February 25-26, 2008

YOUR INFORMATION:

Name & Title _____

School/System _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Are you a Hearing Officer for your school system? YES NO

GROUP INFORMATION:

Group Name _____

For group registration, please submit one form per member. Provide Group Name on each form and return all forms together as a packet. Please include all registration fees or a copy of the purchase order.

CONFERENCE FEE - $75 PER PERSON

PAYMENT INFORMATION:

Method of Payment (please choose one) Total Amount $ _____

Check enclosed (payable to UT – LEIC)

Bill School or Dept. Purchase Order #_____ (**Please provide copy of PO)**

Bill to MasterCard or Visa

Card number _____ Exp. Date_____

Signature_____

Print Name exactly as it appears on card _____

OUR INFORMATION:

Mail - SDHA Conference 2008
UT – Law Enforcement Innovation Center
226 Capitol Blvd, Suite 600
Nashville, TN 37219

Fax: 615.253.6343
Phone: 615.253.6382
www.leic.tennessee.edu

CANCELATION POLICY:

Please submit cancellation in writing to receive a refund prior to February 15, 2008- substitutions are encouraged.

VOLUNTARY INFORMATION:

For Title VI & IX compliance, we ask for voluntary disclosure of the following information:

PLEASE CIRCLE ONE - GENDER: Male Female

RACE: African-American Asian American Indian Caucasian Hispanic Other_____

The University of Tennessee seeks to accommodate all persons with disabilities. If you require auxiliary aids, special services, or other accommodations, please check this box. Someone from our office will contact you.