

49th Annual SMU Women's Symposium - March 5, 2014 High School Staff/Faculty & Student Registration Form

Name (first) _____ (last) _____
Address _____ City _____ ST _____ Zip _____
Phone _____ Fax _____ Email Address _____
High School Name _____ Staff/Faculty _____ Student _____

49th Annual SMU Women's Symposium All-Day Program (includes all meal programs and afternoon sessions)

\$30 (per person)

Total # of registrants: _____

TOTAL DUE: \$ _____

If more than one registrant,
please attach a list of all names attending.

Payment will need to be made by check.
Refund will be made only if cancellation is made seven (7) days prior to the start of the program.

Mail your completed registration form and check to:

SMU Women's Symposium
PO Box 750172
Dallas, Texas 75275-0172

Registration deadline is Friday, February 21, 2014!

For more information, please visit us at: www.smu.edu/womsym