

1st Annual Worcester Multicultural Organizations Conference September 14, 2003

Registration Form
Please RSVP by August 14, 2003

College/University: _____

Organization/Group Name: _____

Contact/Address (please include snail mail, e-mail, phone, etc.):

Person(s) attending and current leadership position

1. _____

2. _____

3. _____

Special needs (dietary, disabilities, etc.):

Please remember to return this form to MIX@holycross.edu by Thursday, **August 14, 2003**. For any questions, please contact us at the above e-mail address or, Matt Pieraldi at (508) 472-5150 or Isaac Tesfay at (408) 318-1657. Attendance fee will be \$15 and due on August 29, 2003; registration confirmation will include provide further information.