



Oklahoma EPSCoR
Women in Science Conference
Tuesday, February 08, 2011
Science Museum Oklahoma - OKC

This form is for substitute registration changes only-No new reservations. Form should be brought with substitute attendees the day of the conference.

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Last Name _____ First Name _____

University/Organization _____

Department/Discipline _____

Position Title _____

Business Mailing Address _____

Phone _____ E-mail Address _____

☐ Faculty ☐ Undergraduate Student ☐ Graduate Student

☐ Administrator ☐ Other: _____ ☐ Doctoral

☐ Post-doc ☐ Masters

Are you a vegetarian? ☐ Yes ☐ No

Request for Personal Information (Optional)

GENDER ☐ Female ☐ Male

ETHNICITY ☐ Hispanic/Latino ☐ Not Hispanic/Latino

RACE:

☐ American Indian ☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ White

☐ Black ☐ Other: _____

DISABILITY STATUS:

☐ Hearing Impairment ☐ Mobility/Orthopedic Impairment

☐ Visual Impairment ☐ Other: _____

☐ None

CITIZENSHIP: ☐ U.S. Citizen ☐ Non U.S. Citizen

NON-U.S. CITIZENS ONLY: Permanent Resident Status in the United States: ☐ Yes ☐ No

If not a permanent resident, Country of Citizenship: _____