

# Phi Beta Delta Honor Society for International Scholars 39th Annual International Conference

 **Friday, April 28, 2025**

 **2025 Conference Registration Form**

Title (Dr./Ms./Mr./Professor)

First Name: Last Name: Institution: Mailing Address: City: State or Country: Zip: Phone Number:

Email Address:

Please select your role. Faculty: Staff: Student: Community Member:

**Please note:** Regular registration ends April 28 at 7 A.M. (EST) \*You should add a note regarding how many people can register for a group.

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| **Registration (Fees in US Dollars)** | **Individual** | **New Chapters** | **Established Chapters** |
| **REGULAR REGISTRATION**(March 25 - April 26, 2024) | $ 50 | $ 100 | $ 200 |

## \* Please add up all your expenses in the table below.

|  |  |
| --- | --- |
| **Item** | **Cost** |
| Individual Registration Fee | $ |
| Chapter Registration Fee | $  |
| **Total Amount Due** | **$** |

Indicate Payment Amount and Number: **Check Number**: **# Amount: US$**

## Or Money Order Number: # Amount: US$

PLEASE ENCLOSE YOUR PAYMENT (**Check or Money Order)** WITH THIS FORM AND MAIL TO:

## Phi Beta Delta Honor Society for International Scholars

Administration Building, Rooms 148 & 150 California State University, San Bernardino

5500 University Parkway, San Bernardino, CA 92407

## (The postmark date will be used to determine your registration fee. Check or money order must be included with this form.)