



REGISTRATION FORM

CELEBRATING THE BEAUTY OF DIVERSITY CONFERENCE

**Saturday, May 5th
9:00 a.m.**

Prince Street Elementary School

Organization _____

Number of Participant(s) _____

Names and Email Addresses of participants – Please write on the back of this form to record additional names

Registration and Lunch Fee \$5.00 per participant (non-refundable)

Amount Enclosed \$ _____

Please Make Checks Payable To Wicomico County Board Of Education

***Important—Please Note In the Memo Section of the Check “Diversity Conference”**

Wicomico County Board Of Education

c/o: Dr. Judylynn Mitchell

PO Box 1538

Salisbury, Maryland 21802