

**ALPHA KAPPA ALPHA SORORITY, INC.  
64TH SOUTH ATLANTIC REGIONAL CONFERENCE**



**Gift card Giveaway!**

**THINK HBCU**  
College Fair

Hyatt Regency Hotel -Grand Hall  
265 Peachtree St. NE  
Atlanta, GA 30303

**March  
25th**

**9am-12pm**

Drop off Location on the Baker Street Side



**Alpha Kappa Alpha Sorority, Incorporated**  
**64<sup>th</sup> South Atlantic Regional Conference**  
**“Think HBCU: Fulfilling Your Educational Dreams”**



**Registration Form**

(Please Print in Blue or Black Ink)

***Personal Data***

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Current Residence \_\_\_\_\_  
Street City Zip

Name(s) of Parent(s) or Guardian \_\_\_\_\_

***Educational Data***

School Presently Attending \_\_\_\_\_

School Address \_\_\_\_\_  
Street City Zip

Organization Representing (if any) \_\_\_\_\_

Extra-Curricular Activities \_\_\_\_\_  
(List a maximum of two)

**Check One Box in Each Category Below**

Grade   **Transportation:**  Driving  Drop-Off  Bus  
(How will you be traveling to the College Fair?)

***Photo and Media Release***

I, \_\_\_\_\_ and \_\_\_\_\_, authorize  
(Print student name) (Print Parent Name)  
Alpha Kappa Alpha Sorority, Incorporated to publish photographic images taken of me on Saturday, March 25, 2017 in multi-media publications. I acknowledge that I will not receive financial compensation of any type associated with the taking or publication of these photographs in company marketing materials or publications. In giving my consent, I agree that I shall not bring or file any complaints, claims or causes of action of any kind.

\_\_\_\_\_  
Student Signature Date Parent Signature Date

*Email completed registration form to: [sarcthinkhbcufair2017@gmail.com](mailto:sarcthinkhbcufair2017@gmail.com)  
on or before Friday, March 10, 2017*