



2nd Annual African American Leadership Summit
Friday, May 28, 2010
Herberman Conference Center; Shadyside Hospital
5150 Center Ave; Pittsburgh, PA 15232
(Parking available in Center Ave garage)

REGISTRATION FORM

Name: (PRINT)

(First)

(Last)

University/Organization: _____

Address: _____

City: _____ State: _____ Postal/Zip Code: _____

Telephone: (_____) _____ Email: _____

Registration Fee - Includes the cost of registration, program, breakfast, lunch and networking reception
(AALA Members will receive a free, professional head shot by Sandidge Studios)

Check One: Individual \$50 _____ Table of 10 \$450 _____

(For table registration email aalapgh@aol.com with list of attendees by 5/21/10)

Table registration includes sponsorship acknowledgement in program

(Deadline to be included in program is 5/21/10).

Breakout Sessions: Please choose one

Black Leadership; Past, Present & Future

Influential Leadership

Image & Brand in Leadership

Cancellations and Refunds: Registration fees will not be refunded. Substitutions are allowed.

Please remit payment by Checks, Money Orders, and Purchase Orders in U.S. funds payable to: Poise Foundation/AALA. There will be a \$30. 00 fee charged on all returned checks.

(Please check appropriate box) VISA MasterCard Check Money Order

Card #: _____ Security Code _____ Expiration Date: _____

Print Cardholder Name: _____

Please mail or fax completed registration form with payment to:

2nd Annual African American Leadership Summit

Poise Foundation/AALA • One Gateway Center, Suite 500 • 420 Fort Duquesne Blvd • Pittsburgh, PA 15222

412-281-4967 (T) • 412-562-0292 (F)

Register on line at www.aala.webs.com

Do not email credit card information because security cannot be guaranteed. You may fax or telephone credit card information.