



**National Black & Brown Coalition Summit
Friday April 25, 2008, Philadelphia, PA**

**Hotel: Crown Plaza 1800 Market Street, Philadelphia, PA
Hotel Reservations: 215-561-7500
Ask for the Philadelphia Black Pride Special Rate: \$143.00**

Registration Form: Please print out and complete this form in its entirety and mail or to fax by Noon **April 16, 2008**. Please include a check or money order for the \$25.00 non refundable registration fee. Registration fee includes opening reception on Thursday April 24, breakfast and lunch.

Earl Fowlkes
IFBP
PO Box 1301
Washington, DC 20013

Questions? Contact:
Earl Fowlkes
202-841-7104 \Fax 202-223-9382
jrfowlkes@aol.com

Registrant Information

First Name: _____ Last Name: _____
Name Tag: _____ Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
Email Address: _____
Please list special dietary needs: _____

Demographic Information

Female _____ Male _____
Gay _____ Lesbian _____ Bisexual _____ Transgender _____ Other: _____
Black/African American _____ Latino/Hispanic _____ Caucasian _____ Other _____
Under 18 _____ 18-25 _____ 26-35 _____ 36-45 _____ 46-55 _____ Over 65 _____

Request for Scholarship:

The International Federation o Black Prides, Inc (IFBP) has limited scholarships available on a first come, first serve basis to assist people to attend this conference. Please indicate the type of scholarship you are requesting. Request for scholarships must be made by 5 PM **April 11, 2008**.

Full Scholarship: _____ (transportation and one night hotel accommodations)

Partial Scholarship _____ (transportation or one night hotel accommodations)

Please briefly explain why you are requesting a scholarship and what you hope to get out of your attendance to this conference, including how you will use the Summit Experience in your Local Community. Attached separate sheet if needed for space.
