

**Celebrating Cultural Diversity Festival  
Program/Demonstration Registration Form  
To be Followed by Contract  
Sunday, February 22, 2009**

Name(s)/Group: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate contact/phone information for emergencies: \_\_\_\_\_

Description of Program:

Information about Presenter:

Any information you would like to share of how people can pursue this topic either on or off campus:

Other information we could put on promotional flyers:

Do you have a photograph of yourself we could display?  Yes  No

If not, please tell us what would be a good time to take one:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return completed form, photograph, and any other information, by 5:00 pm, Friday, January 30, 2009, to: Sharon Beck, Office of SAP-APD, 310 Calvin Hall, Iowa City, IA 52242.

***Late Policy Statement***

*The previous information is correct and if there are changes to be made, I, as the contact person, will contact Sharon Beck, Office of SAP-APD, 319-335-1416 or sharon-beck@uiowa.edu, by Friday, January 30, 2009. If there are any changes that have been made without contacting the organizers, then the changes may not be honored.*

\_\_\_\_\_  
Signature of Contact Person

Office Use Only

Place: \_\_\_\_\_

Time Scheduled: \_\_\_\_\_

Remarks: \_\_\_\_\_

*Feel free to attach additional sheets for description.*