



# "Reconnecting Lost Links"

Allen County Public Library  
Fort Wayne, IN  
October 29-31, 2009

## REGISTRATION FORM

Registration for the IBGS includes networking reception, conference materials and your choice of workshops. Please reference the session choice list to indicate your workshop preference. **Please notice that the meals are optional and must be paid at the time of registration. If you submitted your \$100 prior to the release of this revised registration form, your meal payment is due upon notification by the Registration Chairperson. To guarantee your conference materials, you must register by August 31<sup>st</sup>.**

It is with honor that we can announce the Friday evening banquet keynote speaker will be Dorothy Spruill Redford, author of *Somerset Homecoming – Recovering a Lost Heritage* and the Saturday luncheon keynote speaker will be Hana Stith, curator of the African/African American Historical Museum.

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Your Org/Society: \_\_\_\_\_

Please indicate which states you are doing research: \_\_\_\_\_

### REGISTRATION:

Full Registration (Thursday – Saturday) - \$100 x \_\_\_\_\_ Attending Full Conference \$ \_\_\_\_\_

Single Day Registration - circle one Friday or Saturday - \$75 x \_\_\_\_\_ Attending Single Day \$ \_\_\_\_\_

**TOTAL REGISTRATION** \$

**RECEPTION:** Thursday, 10/29/09, 6:00 - 8:00 PM Attending Reception \_\_\_ Yes \_\_\_ No

### MEALS, which are optional, are as follows:

Friday, 10/30/09, Banquet/Conference Keynote Speaker; African attire encouraged. Check choice of the following entrees (if more than one person is being registered, indicate number of meals being ordered):

\$40 - Roast Prime Rib of Beef \_\_\_\_\_ or Salmon Fillet with Mango Chutney \_\_\_\_\_

\_\_\_\_\_ \$35 Vegetarian Meal - Pasta/Vegetables

Saturday, 10/31/09, Lunch/Luncheon Keynote Speaker, \$25 Grilled Chicken

\_\_\_\_\_ Check if Vegetarian meal is requested for lunch

Amount Enclosed \$ \_\_\_\_\_ Payment Type: Check Money Order Cashier Ck (circle one)

Make instrument payable to CAAGS/IBGS

Please return payment form with your payment to: CAAGS/IBGS, PO Box 8442, Los Angeles, CA 90008-0442

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