## Pro-Card User Form

To:	Supplier:	M. Suzanne Clinton c/o University of Central Oklahoma	
	Address:	100 North University Drive	<u> </u>
		Campus Box 115	
		College of Business 218	
		Edmond, OK 73034	
From:	Department:		
	Contact Name:		
	Telephone:		
	Email/Fax:		
Dear S	ir or Madam:		
Re: _	e: Oklahoma Women in Higher Education Conference		
	In order to pay	conference registration before	the conference date, the State of
Oklaho			ons are met. Please check the
		ow to indicate if this conference i	
			-
X	<ul> <li>A discou</li> </ul>	ant is given for early registration.	
_			
X	<ul> <li>If the registered participant cannot attend, someone else may attend in</li> </ul>		
	his/her	his/her place.	
X	X If the <u>conference</u> is cancelled, a 100% refund will be issued.		
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	$\underline{\mathcal{M}}$ .	Suzanne Clinton	9/4/18
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	Signatur	re of Conference Official	Date
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	Okla	thoma Women in Higher Education	on Ireasurer
	Title of	Conference Official	