Pro-Card User Form

To:	Supplier: Address:		M. Suzanne Clinton c/o University of Central Oklahoma		
			100 North University Drive		
			Campus Box 115		
			College of Business 218		
			Edmond, OK 73034		
From:	Department:				
		ct Name:			
	Telephone: Email/Fax:				
Dear S	ir or M	ladam:			
Re.	e: Oklahoma Women in Higher Education Conference				
Kc	_OKIAII	OIIIa WOII	en in Triguet Education Comerc	<u>Sirce</u>	
	In ord	ler to pay	conference registration before	the conference date, the State of	
Oklaho		1 .	_	ons are met. Please check the	
		-	ow to indicate if this conference		
X_	•	A discount is given for early registration.			
v	_	If the rea	istared participant connet attance	l samaana alsa may attand in	
X_	_ •	_	e registered participant cannot attend, someone else may attend in her place.		
		ms/ner	nace.		
X		If the cor	nference is cancelled, a 100% re	fund will be issued.	
		N 3	Suzanne Clinton	9/24/25	
		Signatur	e of Conference Official	Date	
		Ü			
		Okla	thoma Women in Higher Education Treasurer Title		
		of Confe	erence Official		