## Pro-Card User Form

To:	Supplier:	M. Suzanne Clinton c/o University of Central Oklahoma	
	Address:	100 North University Drive	
		Campus Box 115	
		College of Business 218	<del>_</del>
		Edmond, OK 73034	<del>_</del>
		,	_
From:	Department:		
	Contact Name:		<del></del>
	Telephone:	-	<del>_</del>
	Email/Fax:		
	Lillali/I ax.		_
Dear S	Sir or Madam:		
Dear 5	on or iviaciani.		
Re: <u>O</u>	klahoma Womer	in Higher Education Conference	
	T., 1 4		
In order to pay conference registration before the conference date, the State of Oklahoma requires that the following three conditions are met. Please check the			
approp	oriale box(es) bei	ow to indicate if this conference meets the	requirements.
A discount is given for early registration.			
M If	the registered no	rticipant cannot attend, someone else may	attand in hig/har place
	ille registered pa	therpaint cannot attend, someone else may a	attenu ili ilis/nei piace.
_		*	
If the <u>conference</u> is cancelled, a 100% refund will be issued.			
* Dag	istrant will be chara	ed a \$5 processing fee.	
Reg	istiant win de charg	ed a \$5 processing fee.	
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M. e	Suzanne Clinto	n	3/4/2025
Signature of Conference Official			Date
C			
Olala1	nama Waman in	Higher Education Transport	
		Higher Education Treasurer	
Title of Conference Official			