UNIVERSITY OF
Central Oklahoma

To: Supplier: _____
Address: _____
_____
Fax: _____

From: Department: _____
Contact Name: _____
Telephone: _____
Fax: _____

Re: _____
(Conference or Event Name)

In order for the University of Central Oklahoma to pay conference or similar event registrations before the event date, the State of Oklahoma requires that the following conditions are met. Please check the appropriate box(es) below to indicate if this event meets the requirements.

☐ Purchase orders are not accepted and prepayment is required in order to pre-register.

OR

☐
- A discount is given for early registration.
- If the registered participant cannot attend, someone else may attend in his/her place.
- If the conference/event is canceled by the sponsoring organization, University of Central Oklahoma will receive a 100% refund.

_____ _____
Signature of Conference Official Date Title of Conference Official

---

For UCO use only (required for ProCard payments):
I was in attendance at the conference/event listed above:

_____ _____
Signature of Participant Date

Form Updated 6/16/09