| To: Supplier: Address:                                                                                                                                                                                                                                                                                                                                       |                                                    |             |                                    |             |                   |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------|------------------------------------|-------------|-------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                              | Fax:                                               |             |                                    |             |                   |             |
| From:                                                                                                                                                                                                                                                                                                                                                        | Department:<br>Contact Name:<br>Telephone:<br>Fax: |             |                                    |             |                   |             |
| Re: _                                                                                                                                                                                                                                                                                                                                                        |                                                    | ((          | Conference or                      | Event Name) | <u> </u>          |             |
| In order for the University/College 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- |                                                    |             |                                    |             |                   |             |
| OF                                                                                                                                                                                                                                                                                                                                                           | }                                                  | register.   |                                    |             |                   |             |
| <ul> <li>A discount is given for early registration.</li> <li>If the registered participant cannot attend, someone else may attend in his/her place.</li> <li>If the conference/event is canceled by the sponsoring organization, University of Central Oklahoma will receive a 100% refund.</li> </ul>                                                      |                                                    |             |                                    |             |                   |             |
| Signatu                                                                                                                                                                                                                                                                                                                                                      | up of Co                                           | onference C | Official                           | Date        | Title of Conferen | ce Official |
|                                                                                                                                                                                                                                                                                                                                                              |                                                    |             | ed for ProCard page conference/eve |             | ve:               |             |
| Signature of Participant                                                                                                                                                                                                                                                                                                                                     |                                                    |             |                                    |             | <br>Date          |             |