

National Planning Conference
Registration Form

NAME _____

ADDRESS _____

(Street No./P.O. Box)

(City)

(State)

(Zip)

INSTITUTIONAL AFFILIATION: _____

POSITION: _____

PHONE: _____

(Area Code)

(Work)

(Home)

AREAS OF WORK, STUDY, RESEARCH INTERESTS:

RELEVANT EXPERIENCE/TRAINING: _____

WILL YOU ASSIST IN ORGANIZING A ONE-DAY CONFERENCE IN YOUR AREA ON "IMPERIALISM AND BLACK LIBERATION"?

PLEASE LIST ANY RELEVANT PUBLICATIONS YOU ARE AWARE OF (LOCAL, REGIONAL, NATIONAL, INTERNATIONAL)

(OVER)

PLEASE LIST ADDITIONAL CONTACTS FOR THE PULL THE COVERS OFF IMPERIALISM PROJECT:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

WHAT COURSES (IF ANY) DO YOU TEACH?

WHAT LOCAL GROUPS ARE IN YOUR AREA THAT ARE IN THE BLACK LIBERATION STRUGGLE?

WHAT BLACK ORGANIZATIONS DO YOU HOLD MEMBERSHIP IN?
