



Thanks for expressing your interest in attending the 2012 Midwest Bisexual Lesbian Gay Transgender Ally College Conference (MBLGTACC) in Ames, Iowa along with Spectrum. Please complete all requested information and return this form to Valerie Erwin in the Women's Center (Hughes-Trigg Suite 313). Applications must be submitted by Friday, December 2nd, 2011 at 5:00pm. This is a rolling application and will be reviewed upon submission. Spectrum exec officers will review applications and an email will be sent to you disclosing the status of the application within a week of submission. Registration information is below.

I. Contact Information

Primary Contact
Name: _____
Phone: _____
E-Mail: _____

Emergency Contact
Name: _____
Phone: _____
E-Mail (optional): _____

II. Short Answer

Why are you interested in going to MBLGTACC and what do expect to gain from it? (Please attach to the back of the application)

III. General Questions

How do you identify? (This will be used to assign rooms by gender in accordance with SMU policy)
Male[] Female[] Male-to-Female (MTF) [] Female-to-Male(FTM) []

Do you have any medical conditions that we should be aware of?
Yes []
No []
If yes, briefly explain: _____



Are you in need of financial aid for covering your registration? (You will still be responsible for covering your meals while at the conference)

Yes []

No []

If yes, please attach a short answer explaining your need for financial aid to help us evaluate “need” among other applicants. Financial aid is not guaranteed due to limited resources.

III. Registration Information

Registration will be \$70 for the conference. Once you receive an acceptance letter or notification, you must submit the \$70 (in the form of either cash or check) to Val Erwin in the Women’s Center (Hughes-Trigg Suite 313) by December 2nd, 2011 at 5:00pm. Checks should be made out to Spectrum. Refunds are not guaranteed.

I, (name) _____, on (date) _____, do hereby agree to follow and act in accordance to SMU policy, local, state, and federal laws. I understand that I will be responsible for covering my own food expenses for the duration of the conference trip. Furthermore, I understand that I will not partake in any alcohol or drug use while at the conference. I also acknowledge that I answered the questions on this application truthfully or to the best of my knowledge.

Name of the person completing application: _____

Signature: _____ Date: _____