



2018 YOUNG WOMEN LEADERSHIP GLOBAL SUMMIT
SEPTEMBER 9th - SEPTEMBER 15th, 2018

Fisk University | Meharry Medical College | Tennessee State University | Nashville, Tennessee

Key Dates:

August 31, 2018 – Registration Deadline

September **8TH SEPTEMBER – 15TH SEPTEMBER**

Location – (CTC) Cal Turner Family Center, Room 201 | 1011 21st Ave N, Nashville, Tennessee 37208

Eligibility:

Teens and Young Women ONLY! Ages, 16-25

Emerging, Advanced Youth Leaders, Young Professionals, and individuals who desire to enhance their leadership skills.

Applicants under 16 years old are NOT eligible and, will not be accepted.

Registration and Application Fees:

Early Bird Special (\$550.00 USD fee before July 31, 2018) a saving of \$75.00 USD.

Registration fee (\$625.00 USD after August 31, 2018)

All-inclusive (lodging, meals, excursion, lectures, goody bags and tours).

Fees are payable via PayPal in U.S. currency only. (We Only accept MasterCard/Debit or Visa Credit/Debit).

Important Registration Information:

International Participants - it is the responsibility of each participant to find out if you need a Visa to enter the United States. In case that you need a visa, we recommend that you apply immediately. DO NOT WAIT UNTIL THE LAST MINUTE IF THIS APPLIES TO YOU! A-WOW Inc. cannot make personal phone calls or requests on your behalf to specific Embassies or Consulates. Interference with the diplomatic and consular affairs by a host organization is not permissible, and reliance on such phone calls may slow your application process as well as decrease your chances of obtaining a visa. Applying to the A-WOW Young Women Leadership Summit does not guarantee that you will be granted the visa. Such decision depends on various factors determined by the Embassies or Consulates.

Travel Arrangements

It is the responsibility of each participant to arrange their own travel bookings (such as flight, airport transportation).

Financial Support

Registrants are invited to utilize Fund Raising that may help with self-funding efforts. Otherwise, due to the extremely high cost of organizing, the use of various facilities, insurance, and fees, no other financial support is available through A-WOW Inc. for any travel. We suggest you check local organizations and associations such as the Lions or Rotary clubs. Other delegates have found that a search through the internet, academic scholarships, local and national sources, and even friends and family relations can also be a source of subsidy and support.



AWOW YOUNG WOMEN LEADERSHIP WORLD SUMMIT

In completing this form, you are applying to attend the A-WOW Young Women Global Summit, in Nashville, Tennessee USA (Deadline: August 31, 2018)

Participant Name: _____
First MI Last

Birth Date: ____ / ____ / ____ Year in school (as of May 2017): _____
Mo Day Year

Email address: _____ Phone number: _____

Facebook: _____ Instagram: _____

Twitter: _____ WhatsApp: _____

Address

Mailing address: _____
City, State/Province, Zip/Postal code

Ambassador preferred method of contact: Mail Email

Parent preferred method of contact: Mail Email

Education

School | University | College attending _____

School address: _____
City State/Province Zip/Postal code

Freshman___ Sophomore___ Junior___ Senior___ Other___ GPA/Average Cumulative Grade: ____

How did you hear about AWOW? _____

Parent/Guardian (if Participant is under age 18)

Mother or Guardian Father or Guardian

Name: _____ Name: _____

Email: _____ Email: _____

Work phone number: _____ Work phone number: _____

Home phone number: _____ Home phone number: _____

Cell phone number: _____ Cell phone number: _____



PARTICIPANT APPLICATION

Deadline: August 31,2018

Please complete all information

Travel Information

I will arrive at the AWOW World Summit by:

Being dropped off by parents/guardians or other relatives Driving my own vehicle Other

Specify other:

First Name: _____ **Last Name:** _____

Preferred method of contact: Email Mail Phone

I agree to attend the entire event and to relate my experience at the Summit via testimonial to AWOW Inc. upon my completion. If I cannot fulfill this agreement, I agree to reimburse the partial scholarship.

Signature of Participant - Date

Signature of Parent/Guardian

Valued at over \$2,000.00 USD and you pay only \$625 (USD) All-inclusive (meals, excursion, lectures and tours). Fees are payable via PayPal in U.S. currency only. We only accept credit /debit cards for:

MasterCard/Debit or Visa Credit/ Debit .

RECORD OF MEDICAL HISTORY

ALL requested information must be completed and signed.

PLEASE TYPE OR USE INK AND PRINT CLEARLY

Participant Name: _____

First Middle Last

Date of birth: _____ Place of Birth: _____

Permanent Home Address: _____

City State Zip Code

Telephone: _____ Email: _____

PARENT/GUARDIAN INFORMATION | Mother/Guardian Father/Guardian

Name _____

Address _____

Home Phone _____

Employer _____

Work Phone _____

Insurance Co. _____

Insurance I.D. Number _____



DOCTOR'S INFORMATION

Participant's Doctor _____ Telephone _____

Participant's Dentist _____ Telephone _____

Participant's: _____
First Middle Last

RECORD OF MEDICAL HISTORY

Name of Medication	Reason for Medication	Dose	Time (Breakfast, Lunch, Dinner, Bedtime)

Medicine: INDIVIDUALS UNDER 18 PLEASE SUBMIT A LIST OF ALL MEDS AT CHECK IN.

GENERAL

1. Do you require any special dietary considerations?

Please detail: _____

2. Are there any limitations on the amount or type of physical exercise that you can engage in?

Yes _____ No _____

Describe: _____

Dress Code: Please adhere to the dress code. No exceptions!

What you will need to bring along - please pack accordingly.

All classroom session and summit program tours: Business casual (with exception of museum tours - casual)

AWOW is not responsible for anyone arriving prior to Oct 30! No exceptions!

Please provide your arrival time, the airline carrier, flight number, and the number of people in your delegation?

List of items to bring to the Conference

“PLEASE BE MINDFUL OF DRESS CODE THIS IS A CONFERENCE SETTING”

Clothes: BUSINESS CASUAL DRESS (for a 7-day conference)

The daily session attendance is business casual Polo Shirts, Oxford shirts, sweaters/cardigans, blouses, dress t-shirts, casual t-shirts. Jeans, Khakis, Dockers, slacks, dress pants, skirts, cropped pants bathing suits

Sleep Wear (pajamas, t-shirts)

Shoes: Comfortable everyday shoes, a low heeled closed in shoe (not cloth)

Towel & Wash cloths – 2 to Personal

Items Toothpaste Toothbrush

Deodorant Feminine Items

Lotion Mouthwash

Razors Hair Items Sunscreen/Sun-block

THE DRESS CODE WILL BE STRICTLY ENFORCED FOR THIS EVENT! Please call (1+214.995.1927) if you have any questions.



Parent/Guardian Consent Form

RELEASE OF LIABILITY FOR A-WOW INTERNATIONAL GIRLS LEADERSHIP INITIATIVE

PARENT / GUARDIAN SIGNS IF PARTICIPANT IS UNDER 18 YEARS OF AGE
(PLEASE READ CAREFULLY BEFORE SIGNING)

I _____, the Parent/Guardian of _____, attending The AWOW Young Women Leadership World Summit In Tennessee, hereby acknowledge that I freely voluntarily wish my child to participate in A-WOW International Girls Leadership Initiative Mentoring and Leadership Development Program ("Activity"). In consideration for A-WOW IGLI arranging this opportunity for my child to participate, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

My child and I fully understand and agree that certain aspects of the Activity may be physically and emotionally demanding and that by my child's participation in the Activity, she faces the risk of accidental and/or other physical and/or emotional injuries. My child and I have fully investigated the nature of the Activity, including whether participants will be subjected to physical and/or emotional stresses, and my child and I understand and assume the risks of my child's participation in the Activity. My child agrees to advise the Activity Coordinators at any point when she questions her ability to participate in any part of the Activity.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE ACTIVITY SHALL BE UNDERTAKEN BY MY CHILD AT HER OWN RISK AND THAT NEITHER AWOW INC, A-WOW IGLI, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE ACTIVITY, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON THE PART OF A-WOW IGLI, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND A-WOW IGLI, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between A-WOW IGLI and me and/or my child involving this Release of Liability in any way shall be in Denton County, Texas.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date