State Leadership Conference Intern Application

Dallas, Texas, March 5-8, 2008

First Name:_____Middle Initial:_____Last Name:_____

Student Email:_____

Student Contact Number (Cell): _____

School: _____

School Address: _____

Advisor Name: _____

Advisor Contact Number (Cell): _____

Advisor Email: _____

☐ By checking this check box, I hereby agree that I have completed the above information to the best of my knowledge and that all commitments to Business Professionals of America will be followed through in their entirety. I agree to serve as a State Leadership Conference Intern during the conference and follow the Code of Ethics. I understand that I will be called upon to represent the organization in a professional manner and assist with the conference where I am needed.

Once accepted by the Intern Committee, your advisor will be notified via email and asked to approve your participation in the program. Your advisor will need to register you with the conference in order for you to attend. We ask that you serve a minimum of 3 hours to complete the program.

Your conference assignments will be listed below:

Date	Check In	Check Out	Assignment	Approval