

# SOUTHERN UNIVERSITY

L A W C E N T E R

Travel Department

## ROSTER FORM

Event Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Destination: \_\_\_\_\_ Date(s) of Attendance: \_\_\_\_\_

NAME (PRINT)	SIGNATURE	TITLE	SULC AFFILIATION <i>(FACULTY, STAFF, STUDENT, CONSULTANT, OTHER)</i>
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