

michigan campus day 2009

To Ensure Accuracy, Please Print Clearly

PARTICIPANT

REGISTRATION

last name _____ first _____

UMID number (required) _____

street address _____

city _____ state _____ zip _____

home phone number _____

e-mail (required for email confirmation) _____

parent's/guardian's name _____

daytime phone number of parent/guardian _____

PROGRAM / DATE

To which School or College are you admitted? (required)

Art

Engineering

Interarts Performance

Kinesiology

LSA

Music, Theatre & Dance

Honors (LSA)

Nursing

Residential College (LSA)

In order of preference, indicate three dates that you can attend (we can not guarantee your first choice):

_____ day _____ date

_____ day _____ date

_____ day _____ date

Please complete and **FAX** to:
734-764-1557

You may also **mail** to:
Marketing & Conference Services
627 Oxford Road
Ann Arbor, MI 48104

Number

Student \$15.00

Student and 1 Parent/Guardian \$30.00

Student and 2 Parents/Guardians \$35.00

\$ _____

total payment enclosed

Participants paying by credit card, please fill out the following information:

Visa MasterCard AMEX Discover

credit card number

expiration date

cardholder signature

Do you or your parents have a need which may require special access (e.g. wheelchair?) Yes No

