

Multicultural Professional Day - Registration Form

Name:	
Email:	
Cell Phone:	
Alternate Contact:	
Number of Credits:	
Organization/s Representing:	

Meal Preference (circle one): Vegetarian Non-Vegetarian

Will you be attending the luncheon? Yes No

Will you be in attendance the whole day? Yes No

How did you hear about this event? _____

I have read and understand the guidelines and expectations for this even. In addition, I understand that I will be refunded my registration fee upon my successful attendance of this program.

Signature _____ Date _____

For office use only.

Refundable Registration Fee: \$5.00

Type of Payment: ___ Cash ___ Student Organization Payment

Payment accepted by (print name & initial): _____

Additional Notes: