University of Wisconsin-Parkside Office of Multicultural Student Affairs Multicultural Professional Day Registration Form

Please complete and return this form to the Office of Multicultural Student Affairs in Wyllie Hall D182 with your \$5.00 refundable registration fee to reserve your spot for Multicultural Professional Day.

Participants will receive their fee refund on the day of the event.

First Name:		Last Name:			
UWP Email Address (Example: x	xxxxxx@range	ers.uwp.edu):			
Contact Phone Number (Please i	nclude area c	ode, XXX-XXX-XX	XX):		
Please list your major(s):					
	ct your class standing: First Year (Junior (60-			_ Sophomore (30-59 credits) _ Senior (90+ credits)	
Will you be in attendance the w	hole day?	Yes	No		
Will you be attending the lunche	eon?	Yes	No		
What is your meal preference?		Vegetarian	Non-Vegetarian		
Please let us know about any special dietary requests we need to be aware of:					
How did you hear about this eve					
 PROMPT: Fashionably lat POLITE: Express consider PROFESSIONAL: Introductions own career aspirations. DRESS APPROPRIATELY: I 	e is not a grea ate manners t e yourself, ask	at first impression by saying hello, ex c proper questions	. Please be prom cuse me and tha s, and be prepar	npt! ank you for your time.	
I have read and understand the state I will be refunded my \$5.00		•			
Signature	Date				
Questic	ns? Contact 2	62-595-2731 or o	msa@uwp.edu		
For office use only. Refundable Registration Fee: \$5.00	•	Type: Cash	Student Orga	nization Payment	
OMSA Staff accepting payment (pri	nt name & initi	al):			

Additional Notes: