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: xxxxxxxx@rangers.uwp.edu): _______________________________________

Contact Phone Number (Please include area code, XXX-XXX-XXXX): _______________________________

Please list your major(s): _____________________________________________________________________

Select your class standing:  
___ First Year (0-29 credits)  ___ Sophomore (30-59 credits)  
___ Junior (60-89 credits)  ___ Senior (90+ credits)  

Will you be in attendance the whole day?  
___ Yes  ___ No  

Will you be attending the luncheon?  
___ 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 event?  
_____________________________________________________________________________________
_____________________________________________________________________________________

Guidelines and Expectations
To assist you in making your best impression, we have provided a list of guidelines and expectations.

- PROMPT: Fashionably late is not a great first impression. Please be prompt!
- POLITE: Express considerate manners by saying hello, excuse me and thank you for your time.
- PROFESSIONAL: Introduce yourself, ask proper questions, and be prepared to tell about your own career aspirations.
- DRESS APPROPRIATELY: Business casual is highly recommended!

I have read and understand the guidelines and expectations for this event. In addition, I understand that I will be refunded my $5.00 registration fee upon my successful attendance of this program.

Signature ______________________________________  Date ________________________

Questions? Contact 262-595-2731 or omsa@uwp.edu

For office use only.
Refundable Registration Fee: $5.00  Payment Type:  ___ Cash  ___ Student Organization Payment

OMSA Staff accepting payment (print name & initial): ______________________________

Additional Notes: