

Family Orientation Registration Form

ALL REGISTRATIONS MUST BE RECEIVED BY AUGUST 12, 2008

PLEASE NOTE: New students DO NOT have to register for Orientation. This form is for the family member attending the program.



Be The Difference.

To register for Family Orientation, please complete this registration form and return it with your payment. After we receive your reservation, we will send you a confirmation, including information about parking and directions to campus.

Student Information

Student's name _____

Marquette ID: _____ - _____

Daytime telephone (_____) _____

Adult Family Member Information

Below please check whether you will attend the ONE-DAY or TWO-DAY OPTION

_____ ONE-DAY OPTION

_____ TWO-DAY OPTION

Please list the names of all guests who will participate. DO NOT include the name of your new Marquette student or any children who will attend the Sibling Orientation Program.

Name

Sibling Orientation Information

Below please check whether you will attend the ONE-DAY or TWO-DAY OPTION

_____ ONE-DAY OPTION

_____ TWO-DAY OPTION

Please list the names of all children who will participate in the Sibling Orientation program.

NOTE: Sibling Orientation is limited to siblings ages 5 – 16.

Name	Age	T-shirt Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please indicate youth (y) or adult (a) T-shirt size.

Accommodation services for persons with disabilities

If you wish to arrange for accommodation services, please check the box below. You will be contacted regarding arrangements for these services if you register **by August 12, 2008.**

Check if services for persons with disabilities are requested.

Fees

Adult Family Members Program

One-Day Option

Fee: \$15 per person _____ x \$15 = _____

Two-Day Option

Fee: \$25 per person _____ x \$25 = _____

Sibling Program

One-Day Option

Fee: \$15 per person _____ x \$15 = _____

Two-Day Option

Fee: \$25 per person _____ x \$25 = _____

TOTAL AMOUNT ENCLOSED \$ _____

Method of Payment

No refunds will be given after August 12, 2008

Enclosed is a check or money order for the total amount payable to Marquette University.

Please charge my: Visa MasterCard

Visa and MasterCard are the only credit cards accepted.

Marquette reserves the right to make any adjustments and/or refunds to your credit card for this transaction.

Account number: _____

Expiration date ___ / ___

Card holder's signature _____

Date _____

If you are paying by credit card, the form may be faxed to (414) 288-3149. If you fax your registration, please do not mail it also, as duplicate charges may result.

Financial assistance for this program is available for families with demonstrated financial need. Please contact the Office of Student Development for more information.

Registration deadline is August 12, 2008

Return fees and this registration form to:

Office of Student Development
Alumni Memorial Union, Room 329
Marquette University
P.O. Box 1881
Milwaukee, WI 53201-1881

Please provide us with your email address if you would like to participate in a survey that will help us plan for next year's Orientation program.

FOR OFFICE USE ONLY:

Date Received _____ Check # _____

Amount Received _____ CC Authorization # _____