

PREVIEW Registration Form

To allow personal attention for PREVIEW participants, space is limited at each session. To register, select the sessions you are able to attend, place the dates in order of priority on the 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 to make sure you get to PREVIEW without any difficulties. Registration deadline is June 5, 2009. Registrations will be handled in the order in which they are received; we cannot guarantee your first choice.

Student name

Street address

City State ZIP code

Marquette ID: _____

Daytime telephone (_____) _____

Special Services for Persons with Disabilities

If you are a person with a disability and wish to arrange for accommodation services, please check the box below. If you register by the registration deadline, June 5, 2009, you will be contacted to arrange services.

Check if services for persons with disabilities are requested.

Preview Session

First decide if you would like to attend an overnight or one-day program. Then rank your preference for PREVIEW sessions by placing the appropriate number in the blank next to the date in the appropriate column (1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, 4 = 4th choice).

Overnight

____ June 14 – 15

____ June 18 – 19

____ June 21 – 22

____ June 25– 26

One day

____ June 15

____ June 19

____ June 22

____ June 26

Names of parent(s)/guest(s) attending (please print names as you would like them on name tags):



MARQUETTE
UNIVERSITY

Be The Difference.

Fees

Overnight Program (includes one-day program fees)

Student Fee: \$40 per person _____ x \$40 = _____

(includes program, housing on campus and three meals)

Parent/Guest Fee: \$40 per person

(includes program and three meals)

Number of parents/guests attending: _____ x \$40 = _____

Parent/Guest Housing: \$15 per person

Number of parents/guests staying in residence halls: _____ x \$15 = _____

TOTAL AMOUNT ENCLOSED _____

One-day Program

Student Fee: \$30 per person _____ x \$30 = _____

(includes program and two meals)

Parent/Guest Fee: \$30 per person

(includes program and two meals)

Number of parents/guests attending: _____ x \$30 = _____

TOTAL AMOUNT ENCLOSED _____

Method of Payment

No refunds will be given after June 4, 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 June 5, 2009.

FOR OFFICE USE ONLY:

Date Received _____

Check # _____

Amount Received _____

CC Authorization # _____