Parent & Guest Orientation Registration Form

Your Student’s Information

Student Name ___________________________ Student ID (7 digit) ___________________________

College of Enrollment

☐ Biological Sciences  ☐ Liberal Arts  ☐ Science and Engineering
☐ Design  ☐ Carlson School of Management  ☐ Continuing Education
☐ Food, Agricultural and Natural Resource Sciences  ☐ Education and Human Development  ☐ School of Nursing

Pick Your Orientation Date

______________________________
Write-in the orientation date you’d like to attend.

Accommodation and Dietary Needs

If you have special accommodation and/or dietary needs, call 612-624-1979 or 1-800-234-1979.

Parent & Guest Orientation Participants

Name ___________________________
Cell Phone ___________________________
Email ___________________________

Name ___________________________
Cell Phone ___________________________
Email ___________________________

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Cost</th>
<th># of People</th>
</tr>
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<tbody>
<tr>
<td>Parent &amp; Guest Orientation</td>
<td>$15/person</td>
<td></td>
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<tr>
<td>Total Payment:</td>
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Send this completed form with your payment to:
Orientation & Transition Experiences
University of Minnesota
315 Coffman Memorial Union
300 Washington Avenue S.E.
Minneapolis, MN 55455
Attn. Chelsea Garcia

Payment Information – Checks should be made out to: University of Minnesota

Orientation & Transition Experiences
Office of Undergraduate Education
University of Minnesota
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