

Registration Form

Customer Information:

Please print clearly. * are required.

*Name:

*Address:

Address 2:

*City:

*State:

*ZIP:

Country:

Province:

*Phone:

*Email:

Activity/Course Information:

*Activity/Course Title:

*Activity/Course Dates:

*Discount Code *(located on promotional materials)*:

*Payment Details

Check (make checks payable to **University of Minnesota** & send to address above along with a copy of this registration form)

Credit Card: Visa MasterCard Discover American Express

Name on Card:

CC Number:

Expiration Date:

Card Code:

Billing address for CC:

same as above

City:

State:

Zip:

Country:

Providence:

Comments:

Fax completed forms to: 612-626-4613