



Seventh Annual Northern Plains Winter Storm Conference October 22, 2012 Registration Form



Name: _____
(First Name) (Last Name)

Address: _____
(Street)

(City) (State) (Zip Code)

Company/Institution: _____

Work Phone: _____ Cell/Alternate Phone: _____

Email Address: _____

Payment Information:

Student - \$25.00 **Regular - \$50.00**

Credit card, check, or money order accepted.
Make check payable to: **Saint Cloud State University**

(Please check appropriate box) Visa MasterCard Check Money Order

Print Cardholder's Name: _____

Address of Cardholder (if different than above) _____

City, State, Zip Code _____

Card #: _____ Expiration Date: _____

Please feel free to call with credit card information for security reasons

Please mail or fax completed registration form with payment to:

Saint Cloud State University
Atmospheric and Hydrologic Sciences Department
720 4th Avenue South WSB 129
St. Cloud, MN 56301
Phone: (320) 308-3260
Fax: (320) 308-4262

* * * * * **REGISTRATION DEADLINE IS FRIDAY, OCTOBER 12, 2012** * * * * *