

Winter Institute
February 7-8, 2019

Name (First) (MI) (Last)
Address
City State Zip Code
Phone Number Birth Date MM/DD/YYYY
Email

Do you have any dietary restrictions or food allergies?

The information on this form is private data, used to identify and locate you.

Please register me for the following:

\$75.00 Community - Thursday and Friday \$35.00 Student -- Thursday and Friday

\$40.00 community - Thursday Only \$20.00 Student - Thursday Only

\$50.00 Community - Friday Only \$20.00 Student - Friday Only

Student: Enter Student ID Number

To help us plan for the reception and lunch, please answer the following:

Will you be joining us for the Networking Reception at 7:30 pm on Thursday: Yes No

Will you be joining us for the Chamber Luncheon at 12:30 pm on Friday: Yes No

Payment Information:

Check or Money Order in the amount of \$

Checks payable to St Cloud State University

Bill my employer, reference Purchase Order Number:

Budget Transfer/1400

Vendor #: 0000198706

Registration deadline: January 28, 2019.

Cancellation and Refund Policy: Full refunds are available if cancellation request is received in writing by Jan. 28, 2019.

Mail: St. Cloud State University
Attn: Roxann Neu, BH211A
720 4th Avenue South
St. Cloud, MN 56301

Email: register@scsutraining.com
Phone: 320.308.4962
320.308.4723

