

FRESHMAN ORIENTATION REGISTRATION FORM

For Office Use Only

S# _____

Code _____

REGISTRATION FORM AND PAYMENT due JULY 7

Please Print

Student Last Name: _____ First: _____ M: _____

Address: _____

City: _____ State: _____ Zip _____ Gender M F

Home Phone: () _____ SS# or BANNER ID# _____

Email: _____

Names of Family Members Attending: _____

Fees:		Attending	Total
Student fee (includes all meals)	\$125 x	_____	= _____
Adult Family Member <i>on</i> campus	\$90 x	_____	= _____
Adult Family Member <i>off</i> campus	\$80 x	_____	= _____
<i>Sibling Program</i> (aged 6-16) <i>on</i> campus	\$50 x	_____	= _____
<i>Sibling Program</i> (aged 6-16) <i>off</i> campus	\$40 x	_____	= _____
Meal Plan (optional) family members only	\$25 x	_____	= _____
Bus Tour (optional) family members only	\$5 x	_____	= _____
		TOTAL DUE \$	_____



I will be attending:

Session # _____

Dates: _____

**Please make checks payable to "SUNY Plattsburgh" and mail to: Dean Of Students Office
Plattsburgh State
101 Broad Street,
Kehoe 602
Plattsburgh, NY 12901
or FAX to:
(518) 564-3284**

I will be arriving by: Car _____ *Bus _____ *Train _____ *Plane _____
*Call (518) 564-3282 to pre-arrange a shuttle pick up at one of the above stations in Plattsburgh

_____ I have enclosed a check for \$ _____

_____ Please charge to my account

Check one:

Discover _____

Visa _____

MasterCard _____

Credit Card Payment:

Name On Card: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____

Visit our Orientation website @: www.plattsburgh.edu/orientation