

STUDENT RESERVATION please print.

Name (to appear on name tag)

Male Female Date of birth _____/_____/_____

Address_____

City_____ State_____ Zip_____

Telephone_____

E-mail_____

Entering first-year student Transfer student

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PLEASE RANK YOUR PREFERENCE OF SESSION DATES:

____ Session 1: Thursday, June 5 — Friday, June 6

____ Session 2: Sunday, June 8 — Monday, June 9

____ Session 3: Sunday, June 15 — Monday, June 16

____ Session 4: Friday, June 20 — Saturday, June 21

____ Session 5: Sunday, June 22 — Monday, June 23

CREDIT CARD INFORMATION:

Discover MasterCard Visa

Card number

Expiration date

Validation Code

(Last 3 digits on the back of your credit card)

Name on card

Signature

[Parent/guest reservation on the reverse side.](#)

PARENT/GUEST RESERVATION please print.

Name(s) (to appear on name tag) _____ Relationship to student _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

BE SURE TO REGISTER EARLY. PROBABILITY OF BEING GIVEN YOUR FIRST-CHOICE DATE IS HIGH, BUT SESSIONS ARE FILLED AS RESERVATIONS ARE RECEIVED.

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PROGRAM FEES

\$90: Student

\$70: Each parent/guest staying in residence hall

\$50: Each parent/guest staying off-campus

TOTAL FEE MUST ACCOMPANY REGISTRATION.

Please enclose this card with your check, made payable to Drake University, in the envelope provided.

PLEASE MAKE ACCOMMODATIONS FOR:

Number attending		Amount	Total/person
____ Student	x	\$90	= \$ _____
____ Parent(s)/guest(s) in a residence hall	x	\$70	= \$ _____
____ Parent(s)/guest(s) staying off-campus	x	\$50	= \$ _____
		Total \$	_____

Student reservation on the reverse side.