



Preview Orientation Reservation Form

Summer Freshman Orientation Program!

Complete this form and send it in OR make reservation on-line at: www.orientation.colostate.edu

PLEASE PRINT CLEARLY

STUDENT INFORMATION: (for purposes of identification)

Name: _____ CSU ID #: _____
Last Name First Name (preferred name for nametag) M.I.

Home Address: _____
Street City State Zip Code

Home Phone: (_____) _____ Intended Major: _____
(as declared upon admission)

Student Email*: _____

To better serve you during Preview, it is helpful for us to know if you have a disability:

Physical (identify): _____ Learning (identify): _____

Because there is a significant amount of traveling across campus during orientation, I would like to request the use of a wheelchair while at Preview.

PARENT / FAMILY INFORMATION:

Please print the name(s) of parents/family members who are joining for you for Preview. Print name(s) as you'd like for it to appear on a nametag:

Name: _____ Email*: _____

Name: _____ Email*: _____

Name: _____ Email*: _____

Because there is a significant amount of traveling across campus during orientation, I would like to request the use of a wheelchair for my parent/family member while at Preview.

ORIENTATION SESSIONS REQUESTED:

Sessions are assigned on a **first come, first served basis**. Rank the sessions in order of preference (1st, 2nd, and 3rd). Listing only one choice will **not** guarantee a space for that date, so please list multiple choices. If you do not list multiple choices or if your requested dates are full, the orientation office will assign you to the next available session. Check the most up-to-date session availability at: www.orientation.colostate.edu.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Session 1: Thur/Fri, June 11/12 | <input checked="" type="checkbox"/> Session 8: Tues/Wed, June 23/24 | <input type="checkbox"/> Session 15: Tues/Wed, July 7/8 |
| <input checked="" type="checkbox"/> Session 2: Sun/Mon, June 14/15 | <input checked="" type="checkbox"/> Session 9: Wed/Thur, June 24/25 | <input type="checkbox"/> Session 16: Wed/Thur, July 8/9 |
| <input checked="" type="checkbox"/> Session 3: Mon/Tues, June 15/16 | <input checked="" type="checkbox"/> Session 10: Thur/Fri, June 25/26 | <input type="checkbox"/> Session 17: Thur/Fri, July 9/10 |
| <input checked="" type="checkbox"/> Session 4: Tues/Wed, June 16/17 | <input checked="" type="checkbox"/> Session 11: Sun/Mon, June 28/29 | <input type="checkbox"/> Session 18: Sun/Mon, July 12/13 |
| <input checked="" type="checkbox"/> Session 5: Wed/Thur, June 17/18 | <input checked="" type="checkbox"/> Session 12: Mon/Tues, June 29/30 | <input type="checkbox"/> Session 19: Mon/Tues, July 13/14 |
| <input checked="" type="checkbox"/> Session 6: Thur/Fri, June 18/19 | <input checked="" type="checkbox"/> Session 13: Tues/wed, June 30/July1 | <input type="checkbox"/> Session 20: Wed/Thur, July 15/16 |
| <input checked="" type="checkbox"/> Session 7: Mon/Tues, June 22/23 | <input type="checkbox"/> Session 14: Mon/Tues, July 6/7 | <input type="checkbox"/> Session 21: Thur/Fri, July 16/17 |

X – Indicates closed session as of May 28, 2009.



FEES:

ORIENTATION FEE

Fee includes materials, dinner on Day 1, & lunch on Day 2.

- Student Fee.....1 student x \$60.00 = \$ **60.00**
- Parent/family member Fee (if applicable) x \$60.00 = \$ _____
(# of people)

OVERNIGHT LODGING FEE

Fee includes lodging the evening of Day 1 & breakfast on Day 2; each student is expected to stay overnight on campus.

- Student Fee1 student x \$30.00 = \$ **30.00**
- Parent/family member Fee (if applicable) x \$30.00 = \$ _____
(# of people)

ADDITIONAL OVERNIGHT LODGING FEE (optional)

See website for details and restrictions; maximum of 2 additional nights per person.

- Student Fee x \$30.00 = \$ _____
(# of extra nights)

Please list the date(s) of the additional night(s) needed:

- Family Member/Guest Fee..... x _____ x \$30.00 = \$ _____
(# of people) (# of extra nights)

Please list the date(s) of the additional night(s) needed:

TOTAL = \$ _____

PLEASE NOTE: 1) Do not send cash. 2) Younger siblings are not charged an orientation fee, however they are required to pay for lodging and meals; meal tickets may be purchased on site. 3) You are responsible for reading and understanding the Refund policy described on the website at www.orientation.colostate.edu.

METHOD OF PAYMENT:

- Check or Money Order (payable to Colorado State University)
- MasterCard (complete all the information below)
- VISA (complete all the information below)

Credit Card Number: _____ Expiration Date: ____/____

Security code: ____ (on the back of your credit card)

Billing Address: _____
Street City State Zip Code

Print the name as it appears on the credit card: _____

Cardholder's Signature: _____

MAIL TO: Orientation & Transition Programs, 100A Aylesworth NE, Colorado State University, Fort Collins, CO 80523-1032

For Office Use Only

Date Processed: _____ Amount: \$ _____

Check Number: _____ Name on check: _____ Staff initials: _____