GORP 2002
University Of Michigan
Registration Form

Orthodontic Program:_____

Name	Roommate Preference	Parking(y/n)*	Dinner Preference**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

*Please indicate if you will need a parking pass for the residence hall parking lot.
**Food choices for Friday's Banquet are: Seabass (F), Chicken (C), or Vegetarian mushroom pasta (V)

Chief Resident or contact person:
Name_____
Address_____
Phone number and email_____

Fax To: (734) 763-8100
Attn: Jane Folske/Scott Schulz

Please fax this sheet ASAP, and then mail this sheet with the deposit checks ($50.00 per person). Make checks payable to: **University of Michigan**. The checks will be returned after the event. Only in the case of non-attendance will the check be cashed to cover the expenses incurred. Please mail all of the checks in one envelope. Please mail checks by **June 5, 2002.**

Mail this completed form and deposit checks to:

University of Michigan School of Dentistry
Orthodontics/Room 1008
ATTN: Jane Folske
1011 North University
Ann Arbor, MI 48109-1078