

2015 MINNESOTA POWER SYSTEMS CONFERENCE

Saint Paul RiverCentre

Saint Paul, Minnesota

STUDENT REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip code _____

E-mail _____

Institution _____

Telephone _____ Fax _____

STUDENT REGISTRATION FEE (189320)

_____ Enclosed is \$50

STUDENT FEES STATEMENT

_____ Enclosed is a copy of my current student fees statement.

METHOD OF PAYMENT

_____ Enclosed is a check or money order payable to the University of Minnesota.

_____ Charge my credit card (Please circle one):

VISA MasterCard Discover/Novus American Express

Card Number _____

Expiration Date _____

Amount to Charge _____

Name as printed on card (please print) _____

Signature of card holder _____

PLEASE SEND REGISTRATION, PAYMENT, AND CURRENT FEES LIST TO:

CCE Registration Center, University of Minnesota,
201 Coffey Hall, 1420 Eckles Avenue, St. Paul, MN 55108-6039
or Fax: 612-624-5359