

NSO 2008 parent registration

Please Print

Student's Name _____

PLNU Student ID# _____ (required)

Home Address _____

City _____ State _____ Zip Code _____

Phone () _____ E-mail _____

Family members attending NSO: (Names are needed for name tags)

Father's Name _____ Mother's Name _____

Other (Please list relationship) _____

\$50 registration fee per person _____ = \$ _____

(non-students)

I/we are paying by:

Check (Make payable to Point Loma Nazarene University)

Credit Card

I authorize PLNU New Student Orientation to charge my credit card for the amount of \$ _____

VISA MasterCard American Express

Account Number _____ Security Code _____ Expiration Date _____

Name on Credit Card _____

Authorized Signature _____

Billing Address for Credit Card _____

Cardholder's E-mail Address _____ (for receipt)

Send completed form to:

Point Loma Nazarene University

Office of Student Development

3900 Lomaland Drive

San Diego, CA 92106

Deadline to return registration is August 15, 2008. If using a credit card, you may fax form to (619) 849-7025.