

NSO 2007 parent/guest registration

Please Print

Student's Name _____ PLNU Student ID# _____

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) _____

\$70 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 _____

Name on Credit Card _____ Expiration Date _____

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 10, 2007. If using a credit card, you may fax form to (619) 849-7025.