



Registration Form Student Loans 202 Winston-Salem, NC

Please indicate which
session you will attend.

☐ October 6-7, 2005

Institution Name _____
Street Address _____
City _____ State _____ Zip _____

NAME _____
TITLE _____ TELEPHONE _____
E-MAIL ADDRESS _____
☐ \$100 - *Student Loans 202 - 10/6-7*

NAME _____
TITLE _____ TELEPHONE _____
E-MAIL ADDRESS _____
☐ \$100 - *Student Loans 202 - 10/6-7*

NAME _____
TITLE _____ TELEPHONE _____
E-MAIL ADDRESS _____
☐ \$100 - *Student Loans 202 - 10/6-7*

Registration Deadline:

October Session - September 28, 2005

After receiving your registration form, we will send you a confirmation, hotel and workshop locations, directions, and program information. We cannot guarantee a refund of fees for registrations made less than 14 days before the workshop or cancellations made less than five business days from the workshop

_____ Registration fee enclosed _____ Registration fee mailed separately to address below

Signature x _____

**Administrative Assistant
Campus Partners
P.O. Box 3176
Winston-Salem, NC 27102-3176**

**Questions?
(800) 458-4492 Ext. 2272
fax (336) 607-2025**