

Smart Start Workshop

Undergraduate Student Registration Form



Name:		
University:		
Email Address:		
Phone:		
Major:		
Expected graduation year:		
Preferred Workshop Date:	Saturday, 3/27 2:30pm-5:30pm SUNY Canton	Sunday 3/28 10:30am-1:30pm Clarkson University

By my signature I agree to attend the workshop for which I have registered. I understand that spaces for this training are limited, and that if I do not attend the training, I may have prevented another interested student from attending. I agree to stay for the entire duration of the training workshop.

\$5.00
Paid _____

(Signature) (Date)

Sat., 3/27 Workshop, 2:30-5:30pm

WOODCOCK CONFERENCE SUITE
RICHARD W. MILLER CAMPUS CENTER
SUNY CANTON
34 CORNELL DRIVE
CANTON, NY 13617
315-386-7011
CAMPUS MAP:
[HTTP://WWW.CANTON.EDU/ADMISSIONS/MAP.HTML](http://www.canton.edu/admissions/map.html)

Sun., 3/28 Workshop, 10:30am-1:30pm

DENNY BROWN ADIRONDACK LODGE
(BY WATER TOWER)
CLARKSON UNIVERSITY
8 CLARKSON AVENUE
POTSDAM, NY 13699
315-268-6400
CAMPUS MAP:
[HTTP://WWW.CLARKSON.EDU/ABOUT/MAP.PHP](http://www.clarkson.edu/about/map.php)

