

**Meredith College Disability Services
Preview 2009
August 12-14th 2009**

Registration Form

____ Yes, please register me for Preview 2009.

____ No, I will not be attending Preview 2009.

Name: _____

Address:

Telephone: (____) _____

E-mail: _____

Special Accommodations (housing, dietary, etc.):

Please print and complete this form. Enclose a check made out to Meredith College for the registration fee of \$45.00 (to cover snacks, materials, activities, and door prizes).

Mail your registration form and check to:

Meredith College
Counseling Center
Attn: Henriette Williams-Alexander
3800 Hillsborough Street
Raleigh, NC 27607

Registration is limited to the first twenty paid registrants. Please register by August 5, 2009. Information about check-in and the schedule will be sent to you once your deposit has been received.