

Edmund A. Walsh School of Foreign Service Parents' Weekend Registration

Student's Name and Year _____

Student's Phone _____

Name(s) of Attendee(s) [as they should appear on name tag(s)]

1 _____
 2 _____
 3 _____
 4 _____

Address _____

Daytime telephone _____

E-mail address: _____

The cost of the Friday evening reception, Saturday breakfast, and Sunday brunch are included in the registration fee. Please indicate the numbers of persons attending each event. **(Please include Georgetown students in numbers for meals and receptions.)**

Event	#Attending	\$Total
Single/Family Registration Fee		\$30
Friday Dean's Reception (included in registration fee)		n/c
Continental Breakfast (included in registration fee)		n/c
Saturday Lunch \$25/person (Tickets must also be purchased for Georgetown students)		
Sunday Brunch (included in registration fee)		n/c

Total amount enclosed _____

Please return this form, along with your check payable to Georgetown University, by **September 18, 2009**, to:

Georgetown University
School of Foreign Service Parents' Weekend
Attention: Kendra Baity
ICC 301
University Box 571019
Washington, DC 20057-1016

Credit card payments are also accepted via phone, 202-687-5849. Refunds will be given for all cancellations received by October 2, 2009.