

2009-2010 PREVIEW Georgia Tech Registration

Prospective Student (Last, First, Middle Initial)

Birthdate (Month/Day/Year)

Student E-mail Address (Required for confirmation information*)

Preferred Name

Address

City, State, ZIP

Daytime Phone

Evening Phone

Graduation Year

Gender M F

Fax No.

Ethnicity (optional)

Possible Major(s)

Parent or Guest E-mail Address (Required for confirmation information*)

Others attending (provide all names):

SELECT THE DATE YOU PLAN TO ATTEND:

October 12 April 5 June 25

COMPLETE THE FOLLOWING:

____ Spaces @ \$22 per person (student and guests)\$ _____

Administrative fee\$7.00

Parking fee (if parking car)\$8.00

TOTAL ENCLOSED\$ _____

Make check payable to: Georgia Tech.

SPECIAL NEEDS: _____

MAIL TO:

Special Recruitment Programs
Georgia Tech
Atlanta, GA 30332-0288

*You will receive a confirmation packet with suggestions for lodging after we receive your registration. If you have any questions about PREVIEW Georgia Tech, call 404.894.2691, or you can go to www.admission.gatech.edu/campus_visits/lodging.