

# 2012/2013 FACULTY/STAFF MEAL PLAN

## ENROLLMENT FORM

NAME: \_\_\_\_\_  
FACULTY/STAFF ID #: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_

### Faculty/Staff Meal Plans

- ~~45~~ 50 Meals - \$365\*  
Add Aggie Cash  \$100  
 \$50

### Payment Options

- Check made payable to Sodexo  
 Visa  MasterCard  American Express

CARDHOLDER NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
AMOUNT TO CHARGE: \_\_\_\_\_

Please send completed enrollment form to:  
UC Davis Dining Services  
ATT: Meal Card Office  
438 La Rue Road  
Davis, CA 95616  
Phone: (530)752-8243  
Email: [diningservices@sodexo.com](mailto:diningservices@sodexo.com)

**UC DAVIS**  
**DINING SERVICES**

Visit <http://dining.ucdavis.edu>  
\*Rate good thru September 1, 2013