

POP 2012 – Registration Form

Parent/Attendee Name: _____

Parent/Attendee Name: _____

Parent Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent (Daytime) Phone Number: _____

Email Address: _____

Daughter/Son Name: _____

Daughter/Son Student ID #: _____



Confirmation letter, parking permit, and map will be sent via email. Call us, (562) 985-5458, if you do not have an email address and want your letter to be sent via USPS.

Program Dates

Wednesday, June 20
Friday, June 22
Tuesday, June 26
Friday, June 29
Tuesday, July 10
Friday, July 13
Wednesday, August 8
Friday, August 10

POP date(s) requested:

1st choice _____

2nd choice _____

Additional Choices _____, _____

The POP fee is \$40.00 per parent attendee (includes parking, lunch, and resource materials).

Enclosed is \$_____ for _____ (number of) attendees.

Mail this POP registration form (or the one attached to your letter of invitation) with a \$40 check/ money order to:

POP/CSULB
California State University, Long Beach
1250 Bellflower Boulevard, Horn Center-103
Long Beach, CA 90840-1009

(562) 985-5458