



STUDENT REGISTRATION REQUEST FORM

*ALL Student Registration Requests must be submitted no later than Monday, October 23, 2009. No one under 16 years of age admitted.

Date of Planned Visit: _____

School Name: _____

Instructor(s) Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

Number of Students to Attend: _____

Number of Instructors to Attend: _____

Send Student Show Registration Requests forms to:

Lori Poole (Registration Specialist)
SME Exposition Division - Student Registration
One SME Drive, P.O. Box 930
Dearborn, MI 48121

Phone (800) 733-3976 Ext. 3147
Fax (313) 425-3407

Email: lpool@sm.org

(For SME Use Only)

Request Recv'd: _____

Packet Sent: _____

of Students: _____

Instructors: _____

Show Date: _____