



Johnson Center
at Grand Valley State University
Collaboration Conference

Course Participant Information

Name _____
 Organization _____
 Title _____
 Address _____
 City/State/Zip _____
 Telephone Number _____
 Fax Number _____
 Email _____

Other Information

Do you require any special accommodations? Yes No
 Do you have any dietary restriction(s)? Yes No

If you answered yes to either of the above questions, or if there is any other information we should have in order to accommodate you better please describe:

Payment Type

- Check (Payable to Dorothy A. Johnson Center for Philanthropy)
- Credit Card (by returning this form, you authorize Grand Valley State University to charge your credit card the amount indicated and accept the terms of the cancellation policy below)

Credit Card _____
 Card Number _____
 CSC # (last 3 digits immediately following your credit card # or last 4 of your # on the back of the card) _____
 Cardholder Name _____
 Charge Amount _____
 Expiration Date _____
 Signature _____

Cancellation Policy

Please submit your request for cancellation by email or fax. Checks will be returned upon cancellation and credit card charges will be refunded.

Please submit form via mail or fax.

Johnson Center for Philanthropy
 Grand Valley State University
 Bicycle Factory, 2nd Floor
 201 Front Ave SW
 Grand Rapids, MI 49504
 Fax: 616.331.7592