



UNIVERSITY EVENT PLANNERS

UEP MEMBER REGISTRATION FORM

First Name _____

Last Name _____

Job Title _____

Company/Unit/Divison _____

Department Name _____

Affiliation UNIVERSITY OF MICHIGAN EMPLOYEE UNIVERSITY VENDOR VENDOR

Currently Enrolled UM Graduate Student Currently Enrolled UM Undergraduate Student

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

VENDOR INFORMATION

Vendors, please continue on and answer the below questions.

Vendor Type: (Please Select all that apply)

Accomodations

Caterer (Offsite)

Caterer (Onsite)

Decorations/Florist

Equipment Rental

MUSIC

Transportation/ Travel

Venue

OTHER: _____

Please provide a brief description of your business:

Website Address: _____

Please return this form via fax or mail to the following address:

University of Michigan • Conference Services • 627 Oxford Road, MI 48104
P: 734.764.5297 • F: 734.764.1557 • E: conferences.umich.edu • www.conferences.housing.umich.edu