

UCREW Ultimate Experience Registration Form

Name: _____

Address: _____

City/State/Zip: _____

School: _____ Anticipated Graduation Date: _____

Phone: _____ Email: _____

Major: _____

How did you hear about this event?

Describe the benefits you hope to receive through participation in the Ultimate Experience (e.g., networking opportunities; internship opportunities; development of specific skills; learning about commercial real estate industry).

Which areas of commercial real estate are you interested in exploring? (Check all that apply)

___ Accounting ___ Architecture ___ Brokerage ___ Finance ___ Construction ___ Planning / Development

___ Engineering ___ Law ___ Design / Space Planning ___ Other (describe: _____)

Please provide a credit card for payment of the \$10.00 registration fee. To pay by phone, call Donna Schweitzer at 760.855.4983

Credit Card Acct. no.: _____ Exp. Date (mm/yy): ____ / ____

CVV: _____ Billing Zip Code: _____

Name as it appears on card: _____

Signature

Date

Please submit your completed form to Donna Schweitzer at donna@crewsandiego.org