

**R.S.V.P.**  
**Off-Campus Programs Graduation Reception**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Student ID #: \_\_\_\_\_

CMU Center You Attended: \_\_\_\_\_

\_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_ Total Number Attending  
*(Including Graduate)*

Please RSVP by **Wednesday, December 2, 2009.**

By E-Mail: Save completed form to your computer and send as an e-mail attachment to [pybus1kc@cmich.edu](mailto:pybus1kc@cmich.edu).

By Mail: Central Michigan University Off-Campus Programs  
Attn: Kyle Fazi  
802 Industrial Drive  
Mount Pleasant, MI 48859

By Fax: Fax completed form to (989) 774-3232