

2012 (July 23-27) Montana College Tour Application

First Name _____ Last Name _____

Title _____ Gender Male Female

School/Business _____

Contact Information

School/Business _____ Home _____

Mailing Address _____ Mailing Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Cell phone _____

Special Requests

Special dietary needs or requests _____

Physical limitations, such as climbing stairs _____

Are you willing to share a sleeping room, if needed? _____

If you require a single sleeping room, please indicate the reason _____

Housing accommodations are in campus residence halls which are non-smoking. However, please make us aware of your smoking preference. Smoking or Non-Smoking

Spouse/Guest Registration Information (\$300 registration fee in addition to \$150 counselor fee)

First Name _____ Last Name _____

Relationship to Counseling Professional _____ Gender Male Female

Occupation _____

Mailing address (if different than above) _____

Phone (if different than above) _____ Cell phone _____

E-mail address _____

Special requests (dietary, physical limitations, roommate preference, smoking preference)

Interest Inventory (for counseling professionals only)

1. Please tell us why you are interested in attending the Montana Counselor Tour.

2. Have you (or your school/business) had students attend any of the participating campuses in the past? If so, which campus?

3. Are there any students from your school or business currently attending any of the participating campuses? If so, which campus?

4. What do you hope to gain from your participation in the Montana Counselor Tour?

5. Please provide any additional information that may be helpful in determining your acceptance.

APPLICATION PROCEDURE AND TIMELINE

The Montana Tour Coordinator will review each application on a first-come, first-served basis. Selected applicants will be notified on a rolling basis.

PAYMENT

Payment is required with this registration form in order to apply. If an invoice is required by your institution, please use this form. Please **enclose a check for \$150 (\$300 for spouse or guest) made payable to Montana College Tour**. The fee includes: accommodations each night of tour in college residence halls, most meals, and charter bus transportation between campuses.. It *does not include* air or ground transportation to or from Montana or personal expenses during the week.

NOTE ABOUT SPOUSES AND GUESTS

The Montana Counselor Tour provides a limited number of seats for spouses and guests. Please be aware that we reserve the right to fill tour seats with counseling professionals before spouses or guests. If you would like to include a guest, you must register them and pay with this form.

REFUND POLICY

If you are not selected for the tour, we will refund your \$150 (or \$300 if a spouse/guest) reservation fee. If you need to cancel your registration, you may receive a full refund up to April 1, 2012. Refunds should be submitted in writing (e-mail or letter) to the Tour Coordinator on or before April 1. If the tour has not reached minimum capacity by March 15, we reserve the right to cancel the tour. If we do cancel, you will be refunded your application fee.

SIGNATURE (required)

I have read and understand what the Tour Fee includes, the payment requirements and the Refund Policy.

Signature

Date

Please mail your registration fee along with this form to:

Shannon Marr
Montana Counselor Tour
1121 Adobe Dr., Great Falls, MT 59404