

**PLEASE NOTE: THIS FORM IS NOT AN ONLINE REGISTRATION.
IT MUST BE PRINTED AND MAILED OR FAXED.**

COMMUTER MEAL PLAN REGISTRATION FORM

Name: _____

University ID #: _____
(use your 10 digit university ID card number, not your B-Number)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Student Email _____

Select Meal Plan (Check One Only Please)

- | | | |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | Commuter Annual (Minimum \$650 deposit) | |
| <input type="checkbox"/> | Commuter Semester (Minimum \$340 deposit) | |
| <input type="checkbox"/> | Commuter Dining Dollars (Minimum \$500 deposit) | |
| <input type="checkbox"/> | Commuter Plus (Minimum \$25 deposit) | Deposit: \$_____.00 |

Type Only ___ MasterCard ___ Money Order of Payment (Check One Please)
 ___ Visa ___ Personal Check
 ___ Discover ___ Cash
 ___ American Express

If paying by credit card, please include:

Card Number: _____ Exp. Date: _____ 3 Digit Security Code _____

Name on Card: _____ Signature of Card Holder _____

Phone Number of Card Holder _____

MAIL COMPLETED FORM TO:

Binghamton University Dining Services Meal Plan Office
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000

607-777-6000 local number
607-777-6434 fax number
888-858-9167 toll free number

Please make checks payable to **Sodexo**

Dining Services is not responsible for cash sent through the mail.