Attendee Registration Form

Freshers' Events

Alumni Group name: ____

Date of event:

- ONLY complete this form if you are starting a course at the University of Cambridge this autumn. Please do not complete this form if you are anyone else
- To find out how the information collected on this form will be handled and used, please refer to the data protection statement accompanying this form, or available from the event organiser
- You are under no obligation to complete this form

First or given name	Family name	Cambridge college	@cam user ID (also known as CRSid) Example: jh681	Email address	Communication preferences Tick to hear from the Alumni Group hosting this event with information and opportunities that may be of interest

