

Marcum & Kliegman LLP Workplace Challenge

Workplace Challenge Information Sheet				Du	<u>Due by June 28, 2011</u>	
Name				Pho	Phone #	
Campus Mailing Address				Z=		
Perm	anent Address					
City_			State	_ Zip_		
E-ma	il Address					
	Employee		Undergraduate		Graduate	
Plea	se tell us which a	rea of	campus you are employ	ed or a	are a student?	
	West Campus		University Medical Cen	iter		
	HSC		School of Medicine		Other	
	Undergrad Stude	ent			Graduate Student	
Wha	at size T-shirt wou Small Medium Large X-Large	uld you	u like:			

Return this form with your registration form by June 28, 2011 to:

Steve Macchiarolo Manager of Student Personnel & Special Events Department of Campus Recreation Stony Brook University 225 Student Activities Center Stony Brook, New York 11794-2800 (631) 632-4661 (631) 632-2238 FAX