

# Campus Ship Registration Form

## DEPARTMENT INFORMATION

Department:   
Contact Person:   
Phone Number:   
Fax Number:   
Email Address:

## PHYSICAL STREET/BUILDING/ROOM ADDRESS

Street:   
Building:   
Room:   
City:   
State:   
Zip-Mail Stop:

## USER INFORMATION:

First Name:   
Last Name:   
Email Address:   
Phone Number:   
Fund/Cost Center:

### PLEASE NOTE:

Your User ID is your first initial/last name combination. (e.g.: John Smith's User ID would be jsmith.)  
Your password will be emailed to the user's email address listed in their profile.

## ADDITIONAL DEPARTMENT USERS

Add User 2:   
User 2 Email:   
  
Add User 3:   
User 3 Email:   
  
Add User 4:   
User 4 Email:   
  
Add User 5:   
User 5 Email:   
  
Add User 6:   
User 6 Email:

Would you like to be able to ship packages from any location with internet access and a laser/deskjet printer?  
Yes    No

Please indicate what UPS services you want available to individual users in your department.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Next Day Air (Early AM) | <input type="checkbox"/> Next Day Air (Saver)   | <input type="checkbox"/> Next Day Air        |
| <input type="checkbox"/> Worldwide Express       | <input type="checkbox"/> Worldwide Express Plus | <input type="checkbox"/> Worldwide Expedited |
| <input type="checkbox"/> 2 Day Air (Saver)       | <input type="checkbox"/> 2nd Day Air            | <input type="checkbox"/> Standard to Canada  |
| <input type="checkbox"/> 3 Day Select            | <input type="checkbox"/> Ground                 |  |