

**CAM Visit Days
Confirmation of Attendance Form**

First Name _____

Last Name _____

Contact number while traveling _____

Preferred email address _____

Flight arrival date _____ time _____

Flight return date _____ time _____

Airport you are flying in to: _____

Your research interest(s): _____

Faculty you would like to meet with during your visit:

Specific questions you would like answered during your visit: _____

Do you have any dietary restrictions? _____ Yes _____ No

If yes, please explain _____

Are there any other special accommodations you will need during your visit? _____

Please email this form back ASAP to: md464@cornell.edu

We look forward to seeing you in a few weeks!

Michelle