

FALL CONVERSATION PARTNERS SIGN-UP

Preferred Name: _____ **Country:** _____

Major/Occupation: _____ **Languages**

How long you will be in Seattle: _____ **you know:** _____

Availability:

Please mark the times at which you are NOT available (or would NOT like to meet) with an X.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8:00a							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00p							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							
6:30							
7:00							
7:30							

Other information:

Which part of day would you prefer to meet?

☐ Morning

☐ Afternoon

☐ Evening

Willing to meet on weekends:

☐ Yes

☐ No

Where do you live?

☐ On Campus

☐ In U. District

☐ Other: _____

How often would you like to meet?

☐ Once a week

☐ Every other week

☐ Other: _____

Are you involved in other campus groups?

☐ No

☐ Yes: _____

What are your interests?
