



COMMUTER / ON-CAMPUS APARTMENT MEAL PLAN REGISTRATION FORM

Name: _____ B# _____

Phone: _____ Student Email: _____

Select Meal Plan (Check One Only Please)

- Commuter Annual** (Minimum \$650 deposit)
- Commuter Semester** (Minimum \$340 deposit)
- The 25** (Minimum \$25 deposit)
- Additional deposit to The 25** - Amount: \$_____.00

MEAL PLAN OFFICE: phone: 607-777-6000
fax: 607-777-6434
toll-free: 888-858-9167

MAIL COMPLETED FORM AND CHECK OR CREDIT CARD INFORMATION TO:

Binghamton University Dining Services Meal Plan Office
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000

Please make checks payable to SODEXO
If paying by credit card, please include:

Card Number: _____ Exp. Date: _____

Name on Card: _____

Phone Number of Card Holder: _____

Binghamton University Dining Services is not responsible for cash sent through the mail.