

**MURRAY STATE POLICE DEPARTMENT
PARKING SERVICES
Participant's Pass
(Not Valid for Murray State Faculty/Staff or Students)**

Pass #: _____

Name of Workshop: **Collaboration Learning Unlimited Excellence**

Workshop Sponsor: **College of Health Sciences & Human Services**

Date(s) of Workshop: **April 4, 2013 thru April 6, 2013**

Name: _____ ☐ Staff ☐ Participant

Home/Work Telephone: _____ Cell Phone: _____

Emergency Contact Name/Relationship: _____ Phone: _____

Vehicle License Plate Number: _____ State: _____

Make: _____ Model: _____ Color: _____

THIS PORTION MUST BE RETURNED TO THE DEPARTMENT OF PUBLIC SAFETY

**THIS PORTION MUST BE CLEARLY DISPLAYED ON VEHICLE DASH
THIS SIDE UP**

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Check One: ☐ Staff ☐ Participant

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