

**Continuing Education
Course Registration Form**

☐ New Enrollment

☐ Transfer

☐ Cancellation

Name: _____ ID# _____

Organization: _____

Address: _____

City/State/Zip: _____ e-mail: _____

Phone: (W) _____ (H) _____ (Fax) _____

CE #	COURSE NAME	DATE	FEE	DISCOUNT	TOTAL

☐ Check/Money Order attached: # _____

☐ Charge: VI ☐ MC ☐ DC _____ Card # _____ Exp. Date _____

Name on Card: _____

☐ Bill Firm: Name: _____ Vendor # _____

Attn: _____ PO # _____

Address: _____ AP # _____

City/State Zip: _____

☐ Special Accommodations Requested: _____

Registration taken by: _____ Date: _____

Entered in system by: _____ Date: _____