

UArts Continuing Education Fall 2008 Registration Form

Please enter the registration code from the back of your brochure (if applicable)

<hr/>		
Last Name	First Name	Middle Initial
<hr/>		
Street Address	Apartment	
<hr/>		
City	State	Zip Code
<hr/>		
Social Security Number	Work Email	Personal Email
<hr/>		
Day Phone	Evening Phone	Cell Phone
<hr/>		
Profession	Employer	
<hr/>		
Undergraduate College Attended	Degree	Subject
<hr/>		
Graduate Program Attended	Degree	Subject

I Wish to Register for the Following Courses:

Course No.	Course Title	Number of Credits	Tuition	Fees
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

TUITION TOTAL	\$	<hr/>
*10% Discount (if applicable)	-	\$ <hr/>
FEE TOTAL	+	\$ <hr/>
TOTAL DUE	=	\$ <hr/>
*UArts Alumni are entitled to a 10% discount on tuition only.		

Payment: Visa MasterCard AmEx Check Money Order

Credit Card Number

 Expiration Date

 Security Code

Name on the Card

Signature

 Signature Date

How did you hear about the UArts Continuing Education Program?

- | | |
|---|--|
| <input type="checkbox"/> Former CE Student | <input type="checkbox"/> Email List Serve: <hr/> |
| <input type="checkbox"/> Recommended by a Colleague | <input type="checkbox"/> Advertisement: <hr/> |
| <input type="checkbox"/> UArts Website | <input type="checkbox"/> Other: <hr/> |
| <input type="checkbox"/> Brochure Sent to Home | |

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Signature

 Date
