The University of Georgia
Center for Continuing Education
Conference Center & Hotel

Department of Professional and Personal Development

Course Registration Form

Last Name | First Name | MI | Date of Birth*(MM / DD / YYYY)
*Used for retrieval of transcript

E-mail Address | Fax No.

Home Address | ☐ Preferred Address | Business Address | ☐ Preferred Address

City | State | Zip Code | City | State | Zip Code

Home Phone | Business Phone

Place of Employment | Position

Please send me e-mail about Georgia Center programs: ☐ Yes ☐ No

I have previously taken courses through the University of Georgia Center for Continuing Education: ☐ Yes ☐ No

How did you hear about the course? (Please check all that apply):

☐ Catalog ☐ Newspaper ☐ Postcard ☐ Radio
☐ TV ☐ Internet Search ☐ E-mail ☐ Friend/Colleague

☐ **I have read and agree to the Course Cancellation/Refund policy**

NAME OF COURSE _____ COURSE # _____ PRICE _____

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TOTAL AMOUNT DUE: _____$0_____

Method of Payment: ☐ Check (*made payable to the* University of Georgia) ☐ Cash (*accepted in person only*)
☐ Credit or Debit Card (*Phone & fax registration accepted with credit cards only*)

Card Number

Cardholder Name | Expires | Security Code

THREE EASY WAYS TO REGISTER via PRINTABLE FORM
Fax: Fax this form to 706-583-0180—*Credit Card Only*
Phone: Call 706-542-3537 or 800-811-6640 (toll free in the U.S.)—*Credit Card Only*
Mail: Send this form along with *cashier's check or money order* payable to the University of Georgia:
Department of Professional and Personal Development, Suite 191
Georgia Center for Continuing Education Conference Center & Hotel
1197 S. Lumpkin Street
Athens, GA 30602-3603 U.S.A.

This Form May Be Duplicated

Print Form **Clear Form**