The University of Georgia
Center for Continuing Education
Conference Center & Hotel
1785

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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NAME OF COURSE _____ COURSE # _____ PRICE _____

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: Mail the completed printable registration form with payment (check or money order payable to the University of Georgia) to:
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

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Clear Form