



REGISTRATION FORM

3280 Progress Drive, Suite 700
 Orlando, FL 32826
 P 407-882-0260 F 407-882-0244

Registered by: _____

REGISTRANT INFORMATION		
First Name	MI	Last Name
Student ID #	Organization	
Address	City, State and Zip	
Fax	Cell	
Daytime/Work Phone	Evening Phone	
E-mail Address		

How did you learn about our program(s)?

- Assoc/Chamber
 E-mail
 Event/Conference
 Print Ad
 Radio Ad
 Social Media
 Web Search
 Other

I AM REGISTERING FOR:			
Course Date	Course Title	Course Code	Fee
			\$
			\$
Total			\$

PAYMENT INFORMATION:	
Mail to: UCF Continuing Education 3280 Progress Drive, Suite 700. Orlando, FL 32826	
<input type="checkbox"/> Payment enclosed. Make checks payable to University of Central Florida . Please make sure you have name and address on check.	
<input type="checkbox"/> ID Transfer Account #	<input type="checkbox"/> Purchase Order #
<input type="checkbox"/> Credit Card #	
Expiration Date:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Name as it appears on card:	
<input type="checkbox"/> Billing address same as above.	Or provide billing address below:

Signature

Students will not be registered in a course until full payment is received, unless stated otherwise.
Refund and Cancellation Fee: When dropping a course, refund requests must be made **in writing** to UCF Continuing Education no later than **five business days** prior to the beginning of the course unless otherwise specified in the course description or registration instructions. Please carefully read the refund policy that applies to your specific course. For all refund requests, an administrative fee of 25% of the total registration fees paid will be deducted, with a minimum administrative fee of \$25.00 (whichever is greater).