

REGISTRATION FORM

12565 Research Parkway, Suite 390
 Orlando, Florida 32826
 407-882-0260
 Fax: 407-882-0244

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

How did you learn about our program(s)?

- Website/Internet
 Printed mailer/flyer
 Newsprint ad
 Billboard
 E-mail
 Friend/Co-worker

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

PAYMENT INFORMATION:	
Mail to: Division of Continuing Education 12565 Research Parkway, Suite 390 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:	Circle: Visa / MasterCard / American Express / Discover
	<input type="checkbox"/> Billing address same as above.
Or provide billing address here:	

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, cancellation/refund requests must be made in writing to the Continuing Education business office no later than five business days prior to beginning of the course. The request must include the company FEID number or attendee's social security number. An administrative fee of 25% of total registration fees will be deducted, with a minimum administrative fee of \$25 (whichever is greater). A substitute may attend the program in your place. If you do not attend the program and do not submit a refund request, the University will retain all fees.