



UCF-CE Registration Form

12565 Research Parkway; Suite 390
 Orlando, Florida 32826
 (407) 882-0260
FAX TO: 407-882-0244

 First name Middle Initial Last

Organization Title/Position (if applicable)

Organization Name (if applicable)

 Organization Address City/State/Zip

 Home Address City/State/Zip

 Daytime/Work Phone Evening Phone

 Fax Number Cell Number

 E-Mail Address

I am registering for the following:

Course Date	Course Title	Course Code	Fee
			\$
			\$
Total			\$

How did you learn about our program(s)?

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

Payment Information:

Mail to: Division of Continuing Education; 12565 Research Parkway, Suite 390; Orlando, FL 32826

Payment enclosed. Make checks payable to **University of Central Florida**
(please make sure you have name and address on check)

ID Transfer Account# _____

Purchase Order# _____

Credit Card Charge: **Visa / MasterCard / American Express / Discover Card**

Card #: _____ Expiration date: _____

Name as it appears on card: _____

Billing address same as above? If not, provide address:

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