

LEGAL COURSE / TECHNICAL SEMINAR REGISTRATION FORM

DATE: _____

FEE: \$ _____ (must be paid in full before course begins.)
(\$25 Withdrawal fee)

TITLE OF COURSE: _____

SESSION: _____

CAMPUS: _____

DAY: _____ 9:30-12:30 EVENING: _____ 6:00-9:00 & Alt. Saturdays

NAME: _____

DOB: _____ SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: (_____) _____

EVENING PHONE: (_____) _____

E-MAIL ADDRESS: _____

COLLEGE NAME: _____

COLLEGE DEGREE: _____

OR

NUMBER OF CREDITS: _____

YEAR OBTAINED: _____

PAYMENT METHOD: CHECK CREDIT CARD MONEY ORDER

CASH OTHER: _____

CHECK #: _____

CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

CARD #: _____

EXP. DATE: ____ / ____ / ____