



# Course Registration Form

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

**FAX TO: 407-882-0244**

\_\_\_\_\_  
 First Middle Initial Last

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 Organization Name (if applicable)

\_\_\_\_\_  
 Organization Address

\_\_\_\_\_  
 Work Phone Home Phone

\_\_\_\_\_  
 Fax Number E-Mail Address

**I am registering for:**

| Course Date  | Course Title | Course Code | Fee       |
|--------------|--------------|-------------|-----------|
|              |              |             | \$        |
|              |              |             | \$        |
| <b>Total</b> |              |             | <b>\$</b> |

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 include name, address and SS# on check)  
 ID Transfer Account# \_\_\_\_\_  
 Purchase Order# \_\_\_\_\_  
 Charge Visa/Mastercard/Amex # \_\_\_\_\_ Expires: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_

**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