

FOR OFFICE USE	CUST ID	CO ID	PROGRAM CODE
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CONTINUING
EDUCATION

Questions? Call
715-836-3636 or
toll free 866-893-2423

Printable Mail / Fax Registration Form

DIRECTIONS

- Fill out the form online and print this page.
- Use a separate registration form for each person or program.

In order to process your registration promptly:

- **Payment is required with registration.**
- **Remember to sign your name below if paying by credit card.**

BY MAIL

UW-Eau Claire Continuing Education
P.O. Box 4004 | Eau Claire, WI 54702-4004

Please include payment.

BY FAX

715-836-5700 or toll free: 800-835-3755

MasterCard, VISA, Discover or purchase order only.

PROGRAM INFORMATION	PROGRAM NAME
	DATE
	LOCATION
	FEE

COMPANY Fill out this portion to have your confirmation letter and additional information sent to this address.	NAME	
	POSITION (JOB TITLE)	
	COMPANY NAME	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE	E-MAIL
	<i>We do not share, sell or distribute the contents of our mailing lists or e-mails to organizations outside the University of Wisconsin-Eau Claire.</i>	

HOME Fill out this portion to have your confirmation letter and additional information sent to this address.	NAME	
	HOME ADDRESS	
	CITY / STATE / ZIP	
	PHONE	E-MAIL

PAYMENT	<input type="checkbox"/> CHECK ENCLOSED (<i>payable to UW-Eau Claire</i>) <input type="checkbox"/> PURCHASE ORDER NUMBER	
	<i>I authorize UW-Eau Claire to charge my credit card below.</i> CARDHOLDER'S SIGNATURE	
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
	CARDHOLDER'S NAME (PLEASE PRINT)	
	CREDIT CARD NUMBER	
	CARD EXPIRATION DATE	CVV # (<i>3-digit code on back of card</i>)