

# Printable Mail / Fax Registration Form

University of Wisconsin  
**Eau Claire**

Continuing Education

## 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** Please include payment.

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

**BY FAX** We accept MasterCard, VISA, American Express, or Discover.  
715-836-5700 or toll free, 800-835-3755

PROGRAM TITLE

DATE

FEE

LOCATION

NAME

JOB TITLE

ORGANIZATION / COMPANY NAME

PREFERRED ADDRESS

- RESIDENTIAL  
 COMMERCIAL

CITY / STATE / ZIP

PHONE

E-MAIL

ALTERNATE ADDRESS

- RESIDENTIAL  
 COMMERCIAL

CITY / STATE / ZIP

ALTERNATE PHONE

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.

SPECIAL NEEDS?  NO  YES IF YES, PLEASE LIST:

FOOD ALLERGIES OR OTHER DIETARY REQUIREMENTS?  NO  YES IF YES, PLEASE LIST:

HOW DID YOU HEAR ABOUT US?  WORD OF MOUTH/REFERRAL  RECEIVED INFO BY MAIL  EMAIL  INTERNET SEARCH UWEC CONTINUING ED WEB SITE  
 SOCIAL MEDIA  TV/RADIO AD  MAGAZINE/NEWSPAPER AD  DO NOT RECALL

## PAYMENT INFORMATION

CHECK OR PURCHASE ORDER ENCLOSED PAYABLE TO *UW-EAU CLAIRE*.

P.O. #

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

CARDHOLDER'S SIGNATURE — I authorize the University of Wisconsin-Eau Claire to charge my credit card listed below.

PRINT CARDHOLDER'S NAME / ADDRESS IF DIFFERENT FROM ABOVE

CARD NUMBER

CARD  
EXPIRATION DATE

CVV CODE  
(BACK OF CARD)