

USF Continuing Education Registration Form

PLEASE PRINT - Form may be duplicated to register for additional classes or you may download additional copies from our web site: www.conted.usf.edu/PDF/Registrationform.pdf

If you are not registering at this time, but want to receive future Continuing Education bulletins or our electronic newsletter, check the appropriate box(es) and fill in only the "contact information" area.

I want to receive future CE bulletins. I want to receive CE-News electronic newsletters. Mailing label code: _____

CE STUDENT ID NUMBER _____ (Your CE Student ID number appears on your registration confirmation receipt and is assigned the first time you register. Leave blank if you have not registered before.)

CONTACT INFORMATION

NAME _____
(Last) (First) (Middle Initial)

MAILING ADDRESS: Please specify if you are using: Home Work

STREET OR P.O. _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: DAY (_____) _____ EVE (_____) _____

(Please provide phone number(s) and email where a message can be left in case of a cancellation or class change.)

EMAIL _____

Optional: EMPLOYER _____ JOB TITLE _____

REGISTRATION INFORMATION

Course Title _____

Session Number _____ Dates _____

Are you a USF Alumni or Associate Member? Yes, membership# _____

(Discount of \$10 per calendar year for selected Professional and Workforce Development courses only.)

Do you need a parking permit to be sent to you for this class? No Yes (see below)

IMPORTANT: USF policy requires parking permits for all vehicles parked on campus. USF staff/students should use their own permits. Parking regulations are enforced at all times. Parking permits ordered with registration are \$3.00 per day (as applicable).

PAYMENT INFORMATION

Visa MasterCard American Express Discover Card

Credit Card # _____ Exp. Date _____

Cardholder Name/Address: _____

Authorized Signature _____

Approved Purchase Order; FEIN#: _____ Note: Checks, money orders and cash are not accepted. Approved purchase orders must be made payable to **University of South Florida** and **must accompany registration**. FEIN required for all purchase orders.

Do you request accommodation of a disability? Yes

Accommodation requested: _____

FEE CALCULATION

Course Fee	\$
Parking fee for this course	\$
Total Fees	\$

**Please return with payment information to:
 Continuing Education - Registration Services
 University of South Florida
 4202 E. Fowler Ave., NEC116
 Tampa, FL 33620-6758
 or fax to 813-974-5732.**