



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

 Organization Address

 Work Phone Home Phone

 Fax Number E-Mail Address

I am registering for:

Course Date	Course Title	Course Code	Fee
			\$
			\$
Total			\$

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 Continuing Education business office no later than five business days prior to beginning of the course to receive a full refund. The request must include the company FEID number or attendee's social security number. If requested after the set deadline, 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.