

Printable Registration Form



Please complete the information below and submit this form with payment method.

By FAX to: (251) 405-9931

Or Mail to: USA Center for Continuing Education and Conference Services  
1504 Springhill Ave., Suite 2515

For more information or to register by phone: (251) 405-9928

A confirmation of your registration will be sent to you after registration is processed.

**Registrant Information:** (\* Required Field)

First Name\* \_\_\_\_\_ MI \_\_\_\_\_ Last Name\* \_\_\_\_\_

Job Title \_\_\_\_\_

Company \_\_\_\_\_

Address\* \_\_\_\_\_

City, State Zip\* \_\_\_\_\_

Day Phone/Cell Phone Day\* \_\_\_\_\_ Cell \_\_\_\_\_

Fax number \_\_\_\_\_

Email Address\* \_\_\_\_\_

ADA Special Needs Request \_\_\_\_\_

**Course Information for up to five courses**

	Course Title	Course Number	Course Fee
1.			
2.			
3.			
4.			
5.			
	Discounts		( )

Enter total dollar amount to be charged to credit card or to be billed \$ \_\_\_\_\_

**METHOD OF PAYMENT**

Check enclosed in the amount of \$ \_\_\_\_\_ Check number \_\_\_\_\_

Make check payable to: USA Center for Continuing Education

Credit Card Payment *Credit Card Information must be complete before the registration can be accepted and processed.*

Visa MasterCard Discover AMEX

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

C.C. Billing Address (if different from registration address) \_\_\_\_\_

C.C. Billing City, State, Zip (if different from registration address) \_\_\_\_\_

Date \_\_\_\_\_ Please fill in dollar amount to be charged to this credit card \$ \_\_\_\_\_

Signature: \_\_\_\_\_

The University of South Alabama does not discriminate in its student and employment practices in violation of any applicable laws.  
The University of South Alabama is an Equal Opportunity/Equal Access educational institution.

Where did you pick-up or receive your catalog? (check one)

- |                                 |                  |                            |
|---------------------------------|------------------|----------------------------|
| Special Courses catalog at HOME | Newspaper        | Internet                   |
| Special Courses catalog at WORK | USA Email        | Friend                     |
| Downtown area business          | Mass Email       | Public Library             |
| USA Campus                      | Past Participant | Human Resources Department |
| Other _____                     |                  |                            |

Registrant's Name \_\_\_\_\_

Registration Date \_\_\_\_\_

**Company Billing Information**

Company Billing Information must be complete before the registration can be accepted.  
Company billings are subject to account approval. New customers may experience a delay in registration confirmation.

Billing Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address (if different from registration address) \_\_\_\_\_

City, State, Zip (if different from registration address) \_\_\_\_\_

Billing Contact Phone \_\_\_\_\_

Billing Contact FAX \_\_\_\_\_

Billing Contact email address \_\_\_\_\_