

Printable Registration Form



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

By FAX to: (251) 431-6408

Or Mail to: USA Center for Continuing Education and Conference Services
2001 Old Bay Front Drive, Mobile, Alabama 36615-1427

For more information or to register by phone: (251) 431-6405

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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Special Courses catalog at HOME | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Special Courses catalog at WORK | <input type="checkbox"/> USA Email | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Downtown area business | <input type="checkbox"/> Mass Email | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> USA Campus | <input type="checkbox"/> Past Participant | <input type="checkbox"/> Human Resources Department |
| <input type="checkbox"/> 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 _____