## **CEU/Non-Credit Registration Form**



Use this form to pay your own enrollment fees. If your company/agency agrees to be billed directly for your enrollment fees, **do not** use this form. Use the **Registration Agreement** form.

low To Register:	(Please print clearly in black or blue i	nk)	/ /
By Phone (Staff Assisted)			Birthdate
916) 278-4433	□ Mr. □ Ms.		
Visa, MasterCard, and Discover only)	Name - First	Middle Initial	Last
By Mail	Home Address (Number, Street, Apt.)		
Nail your completed registration			
orm with payment (no cash) to:	City	State	Zip
Sacramento State			
College of Continuing Education 3000 State University Drive East	Company Name		
Sacramento, CA 95819-6103	Job Title		
n Person			
no cash)	Company Address (Number, Street, Suite)		
Sacramento State	City	State	Zip
College of Continuing Education	( )	( )	214
Napa Hall	Work Phone	Home Phone	
3000 State University Drive East	( )		
Sacramento, CA 95819-6103	Fax	Email	
Online			
Visa, MasterCard, and Discover only)	Are you a CSUS Alumni Association me	mber? ☐ Yes ☐	No
www.cce.csus.edu	Member #:		_
or disability accommodations call			
916) 278-4433 – three-week advanced	Highest level of education completed:	☐ B.A/B.S.	☐ Trade School/Other
otice requested.	☐ High School	☐ M.A./M.S.	☐ Some College
	☐ A.A.	☐ Ph.D.	· ·
		<b>—</b> 111.0.	
OURSE INFORMATION			
COURSE CODE COURSE TITLE			START DATE
Yourse information from? Prophure	□ Othor □		
ourse information from? Brochure	□ Other □		
PAYMENT INFORMATION			
☐ Visa	Name of cardholder		
☐ MasterCard			
☐ DISCOVER	Card # (Visa 13-16 digits; MasterCard 16 digits)		
Check/Money Order (payable to CSUS)	Cardholder's Signature	Exp. Date	
- Chesis Money Order (payable to 6505)			
Vill your company reimburse you for your registration	n fees? Yes No		

**PARTICIPANT INFORMATION**