

# CEU/Non-Credit Registration Form



**SACRAMENTO STATE**  
COLLEGE OF CONTINUING EDUCATION

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.

## How To Register:

### By Phone (Staff Assisted)

(916) 278-4433

(Visa, MasterCard, and Discover only)

### By Mail

Mail your completed registration form with payment (no cash) to:  
Sacramento State  
College of Continuing Education  
3000 State University Drive East  
Sacramento, CA 95819-6103

### In Person

(no cash)

Sacramento State  
College of Continuing Education  
Napa Hall  
3000 State University Drive East  
Sacramento, CA 95819-6103

### Online

(Visa, MasterCard, and Discover only)

[www.cce.csus.edu](http://www.cce.csus.edu)

For disability accommodations call  
(916) 278-4433 – three-week advanced  
notice requested.

## PARTICIPANT INFORMATION

(Please print clearly in black or blue ink)

Birthdate: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mr.  
 Ms.

Name - First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address (Number, Street, Apt.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Company Address (Number, Street, Suite): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

( ) ( )

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

( )

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a CSUS Alumni Association member?  Yes  No

Member #: \_\_\_\_\_

Highest level of education completed:

<input type="checkbox"/> B.A./B.S.	<input type="checkbox"/> Trade School/Other
<input type="checkbox"/> High School	<input type="checkbox"/> M.A./M.S.
<input type="checkbox"/> A.A.	<input type="checkbox"/> Ph.D.

## COURSE INFORMATION

COURSE CODE	COURSE TITLE	START DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course information from? Brochure  Web site  Other

## PAYMENT INFORMATION

Visa  
 MasterCard  
 DISCOVER  
 Check/Money Order (payable to CSUS)

Name of cardholder: \_\_\_\_\_

Card # (Visa 13-16 digits; MasterCard 16 digits): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Will your company reimburse you for your registration fees?  Yes  No