



# REGISTRATION FORM

Complete the required fields below and fax, email, or bring us your registration in-person. Our hours are Mon-Fri, 8:00 AM until 4:30 PM. If you have any questions, give us a call.

PH: (256) 782-5918  
TF: (800) 634-7199  
FX: (256) 782-5983  
ConEdHelp@jsu.edu

Continuing Education  
and Outreach  
JSU McClellan Center  
100 Gamecock Drive  
Anniston, AL 36205

PLEASE PRINT CLEARLY

## REGISTRANT INFORMATION

Name\*

Organization (If Applicable)

Department (If Applicable)

Address\*

City/ State/Zip\*

Primary Phone\*      Secondary Phone

Email Address\*

## ADD A FRIEND

Name

Organization (If Applicable)

Department (If Applicable)

Address

City/ State/Zip

Primary Phone      Secondary Phone

Email Address

## COURSE SELECTION

Course Name\*      Date\*

Course Name      Date

Course Name      Date

Course Name      Date

Course Name      Date

Course Name      Date

## PAYMENT METHOD\*

**DO NOT FAX OR EMAIL YOUR CREDIT CARD INFORMATION**

*A representative will contact you at the number(s) listed above.*

Cash/Check (Payable to JSU, Continuing Education and Outreach)

Visa     Discover     MasterCard

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Card Number      Expiration Date      CVC

Cardholder's Name (PRINT)

Cardholder's Signature

Bill my organization \_\_\_\_\_ (Payment Authorization Form required)  
PO Number

I have read, understand, and agree to the Policies and Procedures as published on the Continuing Education website.

Registrant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**A PARENTAL CONSENT FORM MUST BE SUBMITTED AND ON FILE FOR ALL REGISTRANTS UNDER THE AGE OF 19.**