E-UNIVERSITY REGISTRATION FORM

Organization Information

Organization Name:

Address:

City: State: Zip:

Contact Name: Phone Number:

E-mail Address

I wish to register for the following courses

Course Name:

Course Type: (check one)   ❑ Single   ❑ Learning Path

Course Name:

Course Type: (check one)   ❑ Single   ❑ Learning Path

Course Name:

Course Type: (check one)   ❑ Single   ❑ Learning Path

Registration Fees   *Member / NonMember*

Single Course = $229/$458

2-part Learning Path = $409/$818

3-partLearning Path = $589/$1178

Fee Calculation

$_____ (Course fee as indicated above)

$_____ **Total Registration Fee**

Please calculate your registration fees based upon the fee schedule above.
Tax will be added to your invoice.

- -

Method of Payment (check one)

❑ Education Club Credit (one credit per person per session)
   NOTE: Education Club credits may be used to pay for multi-part webinar series.
   i.e. 2-part learning path= 2 Education Club credits.

❑ Please ACH debit my account for the amount indicated above as follows:

   ABA #: _____   Account #: _____ (no G/L#s)

   Signed: _____   Date: _____

❑ Credit Card Payment   Credit card type*

   ⬜ VISA   ◯ MASTERCARD   ◯ AMERICAN EXPRESS   ◯ DISCOVER   Card Number: _____

   Cardholder Name: _____   Expiration Date: _____

❑ Please send an Invoice

RETURN VIA FAX TO (262) 345-1246

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