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CONTINUING EDUCATION
REGISTRATION

Please complete this form for each class participant. If registering more than one participant, please make copies of this form.

Name _____ Daytime phone _____

E-mail _____ If registering child: Parent's name _____

Address _____

City _____ Zip _____ Age: Under 18 18-34 35-49 50-64 65+




Course _____ Start Date _____ Fee _____

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Method of Payment:

Check (payable to UWMC)    Credit Card # _____ Exp. Date _____

Signature of Card Holder _____ Date _____



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