Course Registration Form

Please PRINT in INK

Extended University
Office of Continuing Education
200 Culbertson Hall/PO Box 172200
Bozeman, MT  59717-2200
Phone: (406) 994-6683/Fax: (406) 994-6546
Email: ContinuingEd@montana.edu
Web: http://eu.montana.edu

Course  CEX 280 802 2016 MAGIP Fall Conference

Date  11/15/16 - 11/16/16
REGISTRATION FEE  $25.00  # OF CEUs  1.35

Location  Billings, MT

GENDER:  M / F

Name

Last
First
Middle Initial
Maiden/Former Name

Address

Street or PO Box
City
State
Zip

EMAIL: ____________________________  DAY PHONE: (_____) ____________

Last Degree Earned

FROM WHAT COLLEGE?  ____________________________  WHEN  ____________

HAPPY HAVE YOU EVER BEEN ADMITTED TO MSU-BOZEMAN AS A STUDENT?  Yes  No  When?  ____________

HAPPY HAVE YOU EVER TAKEN OTHER MSU-BOZEMAN CONTINUING EDUCATION COURSES?  Yes  No  When?  ____________

I AM REGISTERING FOR:  Credit  Audit  Continuing Education Units  X

Student Signature  ____________________________  Date  ____________  Instructor Signature  ____________________________

Student information to be removed and shredded once entered into system

*Required
SOCIAL SECURITY # or MSU STUDENT ID #: ____________________________  BIRTHDATE:  ____________________________

AMOUNT PAID  $____________  CREDIT CARD #: ____________________________

CASH  ____  CHECK #:  ____________  (Visa or MasterCard ONLY)  EXP DATE  ____________  CVV  ____________

NOTE: If triplicate hard copy - The PINK copy is the student's official receipt. Please return the WHITE & YELLOW copies to Extended University
If single sheet - Submit form to Extended University (make copy for your records)