



**Division of Continuing Education**

**Registration Form**

*FAX TO: 407-882-0244*

\_\_\_\_\_  
First Middle Initial Last

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Organization Address

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

\_\_\_\_\_  
Fax Number E-Mail Address

**I am registering for:**

| Date of Course | Course Title | Course Code | Fee |
|----------------|--------------|-------------|-----|
|                |              |             | \$  |
|                |              |             | \$  |
| <b>Total</b>   |              |             | \$  |

**Payment Information:**

Mail to: Division of Continuing Education  
12565 Research Parkway, Suite 390  
Orlando, FL 32826

\_\_\_\_ Payment enclosed. Make checks payable to University of Central Florida  
(please include name, address and SS# on check).

\_\_\_\_ ID Transfer Account# \_\_\_\_\_

\_\_\_\_ Purchase Order# \_\_\_\_\_

\_\_\_\_ Charge Visa/Mastercard/Amex # \_\_\_\_\_ Expires: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_