



Continuing Education Registration Form

Name: _____

Business/Agency: _____

Address: _____

City/State/Zip: _____

Day Phone: _____

Email: _____

Course Information:

Course Title: _____

Date course begins: _____

Payment Methods:

Master Card Visa Discover American Express

Check Invoice my company

Card #: _____

Expiration Date: _____ Authorization code: _____

Invoicing Information:

Company Name: _____

Company Address: _____

City/State/Zip: _____

Phone: _____

Please send checks payable to:

UW-Parkside
Attn: Continuing Education
P.O. Box 2000
Kenosha, WI 53141
Phone: 262-595-3340
Fax: 262-595-2513