

Noncredit Registration Form

For all seminars/programs EXCEPT credit courses.

Complete the form below and return with full payment no later than one week prior to the first day of class. *Class sizes are limited; early registration is recommended.*

Seminars/Programs

1. Course Title _____
Class Meets _____
Registration No. _____ Fee _____
2. Course Title _____
Class Meets _____
Registration No. _____ Fee _____

Studytrips

1. Trip Name _____ No. of Seats _____
Fee _____ Registration No. _____
2. Trip Name _____ No. of Seats _____
Fee _____ Registration No. _____

I would like to be seated with _____

I will board the bus at: Wilmington Campus, 2800 Pennsylvania Ave. John M. Clayton Hall, Newark

Payment (Please note: fax cannot be used when paying by check.)

Enclosed is: **TOTAL AMOUNT DUE: \$** _____

- Purchase order or government voucher (copy needed at time of registration) Personal check or company check made payable to University of Delaware
 MasterCard or Visa or American Express or Discover

Card Number _____ Exp. Date _____

Authorized Cardholder's Signature _____

General Information

Mr. Mrs. Ms. Dr.

First Name _____ Last Name _____

Home Address: Street _____

City _____ State _____ Zip Code _____

Employer _____

Employer's Address _____

Occupation or Job Title _____ Home Telephone _____ Business Telephone _____

E-mail Address _____ Fax Number _____

Signature I have read and accept the University's conditions of registration and refund. **(I understand that all policies, rates, and charges are subject to change.)**

Signature _____ Date _____

**Return to: Professional and Continuing Studies, 203 John M. Clayton Hall,
University of Delaware, Newark, DE 19716-7410, or fax 302/831-0701**