



CONTINUING EDUCATION BCB!7 F98 # REGISTRATION FORM

Program Title/Name: _____

Total Amount \$ _____

Name: _____ Title: _____

Employer/Organization: _____

Address: _____
(Employer or Home – Circle One)

City: _____ State: _____ Zip: _____

Daytime phone: _____ Home phone: _____

Fax: _____ Email address: _____

Cancellation Policy

Refunds will be given, minus a processing fee (if applicable), if requests are submitted in writing to UW-L Continuing Education & Extension, 1725 State Street, 205 Morris Hall, La Crosse, WI 54601, and received at least two weeks prior to the start date of the program. No refunds will be made in the case of non-attendance or less than two weeks notice. Substitutions will be accepted.

Method of Payment

_____ Check – made payable to “UW-La Crosse”

_____ Mastercard _____ Visa _____ American Express

_____ Credit Card # _____ Exp. Date _____

_____ Name, as it appears on the card _____ Corporation/Organization, if corp. or organ. Purchasing card _____

Cardholders Signature: _____

Check/Money Order/Credit Card Options:

Mail: University of Wisconsin-La Crosse
Continuing Education & Extension Registration
1725 State Street – 205 Morris Hall
La Crosse, WI 54601

Credit Card Only Payment Options or for questions regarding registration:

Phone: 608.785.6504; 1.866.895.9233
Fax: 608.785.6547
Online: www.uwlax.edu/conted

Registration implies permission for photos, publicity and inclusion in a participant list unless CEE is notified in writing prior to the program.