

# REGISTER TODAY!

**PERSONAL INFORMATION — Please Print**

New name or address since last registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ **OR** Birthdate \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Title/Function \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Course #	Course Title	Fee	Starting Date

Vegetarian lunch (when applicable)

**PROFESSIONAL CONTACT HOURS REQUESTED:**

- Nurses     Social Workers     BENHA     Counselors     Psychologists  
 Accountants     HRCI     Other \_\_\_\_\_

**OPTIONAL: For government equal opportunity reporting, please check.**

- Female     Male  
 Caucasian (non-Hispanic)     African-American     Hispanic     Asian or Pacific Islander  
 American Indian or Alaskan Native     Other \_\_\_\_\_

**METHOD OF PAYMENT**

- Personal Check (payable to Cleveland State University)  
 Company Check (payable to Cleveland State University)  
 Company Billing (purchase order or letter of authorization required)  
 Staff Development (Cleveland State University employees only)  
 Credit Card (complete information below)



Account Number \_\_\_\_\_

Exp Date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Signature \_\_\_\_\_

**MAIL OR FAX TO:**

Cleveland State University,  
 Division of Continuing Education  
 2121 Euclid Ave., CE 103  
 Cleveland, OH 44115  
 P: 216.687.2144    F: 216.687.9399

Need additional registration forms?  
 Copy this form or go to [www.csuohio.edu/ce](http://www.csuohio.edu/ce)

