

# SPECIAL PROGRAMS SECTION COURSE REGISTRATION FORM

## Applicant Information (one applicant per form):

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel. Home: \_\_\_\_\_ Tel Work: \_\_\_\_\_ Tel Other \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Seminar Selection:

Seminar #1

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Tuition Fee: \_\_\_\_\_

Seminar #2

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Tuition Fee: \_\_\_\_\_

Seminar #3

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Tuition Fee: \_\_\_\_\_

**BALANCE DUE =** \_\_\_\_\_

## Payment Information:

Method of Payment:

- Check/Cash: Planning to pay prior to class or first day of class.  
 Purchase Order: Provide number and follow with hard copy by first day of class.  
 Charge Card: Please fill out below requested information.

VISA                       MasterCard                       Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**PLEASE NOTE:** THERE IS A \$40.00 ADMINISTRATION FEE FOR CANCELLATIONS MADE WITHIN 3 BUSINESS DAYS OF CLASS.

**PLEASE FAX REGISTRATION FORM TO (301) 314-0692    ATTN: NANCY COX**

For additional information call Special Programs Section at (301) 226-9940 (in Maryland) or (800) ASK-MFRI (outside of Maryland)