

Course Registration Form

Please PRINT Registration Information

(Make a copy of this form for multiple registrants and/or to register for multiple classes)

 First Name M.I. Last Name

 Name on Badge (if different from above)

 Job Title

 Organization

 Mailing Address

 City State Zip

 Work Phone Cell Phone

 Misc. Information

Email Address*(Required) DOB (mm/dd)**

* Email address is required to send out materials, presentations and certificates.

**In lieu of SSN, your date of birth is asked as a personal identifier for internal record keeping.

If your employer is paying for this course, please provide the following:

 Approving Manager Name

 Title

 Email Address

 Work Phone

Course Title: _____

Course Code: _____

Course Dates: _____

Registration Fees: _____

Payment Information:

Check for \$ _____ made out to NC State University is enclosed.

Charge to: Visa MasterCard AMEX PO* IDT

 Card Account Number

 Expiration Date \$ Amount

 Cardholder's Name

 Cardholder's Signature

 Project ID # (NCSU Employees Only)

***A copy of the PO must accompany the registration form.**

Mail to: NCSU – Registration Coordinator
 Office of Professional Development
 Campus Box 7401
 Raleigh, NC 27695-7401
 Fax: 919.515.7614

Faxed registrations without credit card number **will not** be accepted.