



Continuing Education Non-Credit Registration Form

Program Title/Name **Figuration Studio Spring 2013**

Amount Enclosed **\$75.00**

Name _____ Title _____

Employer/Organization _____

Address _____
(Employer or Home – Circle One)

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

E-mail Address _____

Dietary/Disability Needs _____

How did you hear about this program? (Please choose one only)

☐ Billboard ☐ Brochure/Postcard ☐ Email ☐ Web site ☐ Word of Mouth ☐ Newspaper

Form of Payment (circle one):

Visa

MasterCard

American Express

Check (made payable to UW-L)

Credit Card # _____ - _____ - _____ - _____ Exp. Date: ____/____

Print Name of Cardholder: _____

Cardholder's Signature: _____

Cancellation Policy

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

Return this form along with your payment method:

By Mail: UW-La Crosse, Continuing Education (CEE)
1725 State Street, 205 Morris Hall
La Crosse, WI 54601

By Phone: 608-785-6504; 1-866-895-9233 (credit card payments only)

By Fax: 608.785.6547

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