2013 Spring/Summer Test Prep Registration

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

(Employer or Home – *circle one)*

Daytime Phone: _____ E-mail address: _____

How did you hear about this program? □ Brochure/Postcard □ Web site □ E-mail □ Billboard □ Word of Mouth □ Newspaper

☐ ***FREE GRE Strategy Workshop***	***Tuesday, March 5, 2013, 6-7:30 p.m.***	FREE
☐ **$749** ***GRE Prep Course***	***Tue & Thu, April 2 -25, 2013***	$_____
☐ **$749** ***GRE Prep Course***	***Tue & Thu, June 4-27, 2013***	$_____
☐ **$749** ***GRE Prep Course Online***	***Tu & Th, Feb. 7-Mar. 19, 2013***	$_____
☐ **$749** ***GRE Prep Course Online***	***M & W, Mar. 20-Apr. 15, 2013***	$_____
☐ **$749** ***GRE Prep Course Online***	***Tu,Th & Sun, Apr. 23-May 21, 2013***	$_____
☐ **$749** ***GRE Prep Course Online***	***M & W, June 3-26, 2013***	$_____
☐ **$749** ***GRE Prep Course Online***	***Tu & Th, July 9-Aug.15, 2013***	$_____
☐ **$849** ***GMAT Prep Course Online***	***M & W, Feb. 20- Mar. 18, 2013***	$_____
☐ **$849** ***GMAT Prep Course Online***	***Tu, Th & Sun, Apr. 2-28, 2013***	$_____
☐ **$849** ***GMAT Prep Course Online***	***M & W, July 10-Aug. 19, 2013***	$_____
☐ **$849** ***LSAT Prep Course Online***	***Tu, Th & Sun, Jan. 8-Feb. 5, 2013***	$_____
☐ **$849** ***LSAT Prep Course Online***	***Tu & Th, May 2-June 4, 2013***	$_____
☐ **$849** ***LSAT Prep Course Online***	***Sun. June 16-Aug. 18, 2013***	$_____
	TOTAL	$_____

Cancellation Policy

Full refund less $50 processing fee two week prior to start of each class. No refunds will be made in the case of non-attendance. Refund requests must be submitted in writing to: UW-La Crosse Continuing Education & Extension, 1725 State Street, 205 Morris Hall, La Crosse, WI 54601.

Method of Payment:

____ Check – made payable to UW-La Crosse ____ MasterCard ____Visa ____American Express

_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ / _ _ _ _ _ _ _ _

Credit Card # Exp. Date Security Code

_____

Cardholder's signature

_____

Name as it appears on the card Corporation/organization, if corp. or org. card

Special Needs: Please indicate any special needs you may have:

_____

Return this form along with your method of payment:

By mail: University of Wisconsin-La Crosse
Continuing Education/Extension Registration
205 Morris Hall, 1725 State Street
La Crosse, WI 54601

By fax: 608.785.6547
By phone: 608.785.6504
Online: www.uwlax.edu/conted
toll-free 1.866.895.9233

Sponsored by

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