



## SHORT COURSE REGISTRATION FORM

Fillable Fields. Place Cursor and type.

Complete, print, sign, scan and email this form to: **Kathleen.Ballou@case.edu**. Await our confirmation.

Title of the Course: \_\_\_\_\_

Date of the Course: \_\_\_\_\_

First/Given Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Preferred First Name on Name Tag: \_\_\_\_\_ Degree: \_\_\_\_\_

Position: \_\_\_\_\_

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

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about our course? \_\_\_\_\_

**PAYMENT**

**\$1,980** if >119 days in advance

**\$2,180** if <120 days and >59 days in advance

**\$2,380** if <60 days in advance

**Check/Money Order**

Payable to: **Case Western Reserve University** (mail to: 6540 Lusk Blvd, Suite C274, San Diego, CA 92121)

**Credit Card Payment** (circle one):

VISA

MasterCard

American Express

Card No.: \_\_\_\_\_ Exp. Date (MM/YY): \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

BILLING ADDRESS - Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_