

University of Montevallo
Office of Continuing Education
Registration Form

Please print and complete this form and return with your payment to the address below.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Company Name: (if applicable) _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: ___/___/___ Gender: Female ___ Male ___

Courses for which you are Registering

<i>Course #</i>	<i>Course Title</i>	<i>Fee</i>
	TOTAL AMOUNT DUE:	

PLEASE ENCLOSE:

Check or Money Order Payable to UM Continuing Education

MAIL COMPLETED FORM AND PAYMENT TO:

University of Montevallo Business Office
 ATTN: Susan Hayes, Comptroller
 Station 6060
 Montevallo, AL 35115

When did you last take a UM Continuing Education Course?

- Last Term
- Within Past 2 Years
- More than 2 Years Ago
- Never

How did you hear about UM Continuing Education?

- Brochure in Mail
- Newspaper
- Radio
- Television
- Friend
- At Work
- Website
- Other (please specify) _____