

Course Registration Form

Each candidate is expected to maintain a minimum amount of educational and instructional CEC (Continuing Education Credits) per year in order to maintain their credential. Please use the following form to register for future courses and/or exams. Current credential students receive a 5% discount on all courses and exams.

Date: _____ Student ID: _____

Course/Exam Name: _____

Course/Exam Date: _____

Course/Exam Location: _____

Course/Exam Cost: _____ x # Students: _____ - Discounts: (*5%) _____
*(*Only current credential professionals received discounts. All discounts will be deducted by the University once received by SA.)*

Total Cost: _____

Contact Name : _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Area Code and Phone Number: _____

Fax Number: _____

Payment Information:

Payment Method: Credit Card Type: Visa MasterCard American Express Discover
 Company Check: # _____

Cardholder Name: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____