



Continuing & Extended Education

REGISTRATION FORM

CONTACT INFORMATION [This section is mandatory. Please complete each line.]

Name: _____ M F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In order for us to attribute your credit properly, please provide one of the following:

Last 4 digits of SSN: _____ OR JFKU Student ID # _____

DISCOUNTS: If you are eligible for a discount, please check the appropriate box below and deduct 10% from your course fees. **Please note:** Discounts cannot be combined.

JFKU Affiliates: Alumni Student Faculty Staff

School: _____ Year Grad: _____ Department: _____

General Public: Group Multicourse Group Members: _____

How did you learn about CE?

Catalog Reminder Alumni Colleague/Friend JFKU Website CPA

JFKU Email JFKU Flyer APA Other: _____

Please enroll me in the following courses:

TITLE	COURSE #	DATE	\$	DISCOUNT \$

Today's Date: _____ **Total Fees:** _____

Payment: Check Visa MasterCard American Express Money Order

Card Number: _____ Expiration Date: _____

Signature: _____

Mail or fax the completed form to: JFK University - CE
 100 Ellinwood Way, Rm S205
 Pleasant Hill, CA 94523
 Fax - 925.959.3155