

# Continuing & Professional Education Registration Form

<b>TO REGISTER:</b>	<b>Phone:</b> Please call <b>(914) 773-3714</b> <b>Fax:</b> Complete the registration form and fax it to <b>(914) 989-8451</b> <b>Email:</b> Send your registration form and payment information to <b>cpagano@pace.edu</b> <b>Mail:</b> <b>Pace University, Continuing &amp; Professional Education, Attn.: C. Pagano</b> <b>163 William Street, Room 310, New York, NY 10038</b>
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\_\_\_\_\_  
Name (First, Middle Initial, Last)

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Employer Position

\_\_\_\_\_  
Telephone (Work) Telephone (Cell) Telephone (Home)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Student Signature (*acknowledges agreement of terms and conditions of registration\**)

**Please Indicate Selection:**

Course #	Course Title	Course Location	Balance Due

<b>Registration Fee</b>	<b>\$ 5.00</b>
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**TOTAL DUE:** \$

**Please Indicate Payment Method:**

- Check / Money Order** enclosed made payable to *Pace University*  
 **Credit Card:**  Visa  Mastercard  American Express  Discover

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Cardholder Today's Date

\*Payment should be made by check, money order, or credit card for the **FULL** amount of tuition. Make checks or money orders payable to Pace University. Important: Registrants who cancel will receive a full refund if we receive both verbal and written notification on or before **FIVE** business days prior to class start date. **NO REFUNDS WILL BE GRANTED AFTER THAT DATE.** The \$5 Registration Fee is non-refundable. A substitute registrant may attend if we receive notification by the class start date. Pace University reserves the right to substitute instructors, change the day or time a program meets, or cancel programs due to insufficient enrollment or unforeseen events. If a class is canceled, a FULL refund of tuition will be issued.