REGISTRATION FORM

Name (First, Middle Initial, Last) ________________________________

Mailing Address ________________________________

City __________________ State __________ Zip __________

Employer __________________ Position __________________

Telephone (Work) __________________ Telephone (Home) __________________ Fax # __________________

Email Address ________________________________

Student Signature ________________________________ (acknowledges agreement of terms and conditions of registration)

PLEASE INDICATE SELECTION:

Pace University Westchester
861 Bedford Road
Pleasantville, NY

☐ Thursday, Friday, & Saturday
July 8, 9, 10, 15, 16 & 17
9:00 am – 5:00 pm

SUMMER 2004 Tuition: ☐ $395.00 (in full)

Please indicate method of payment: ☐ Check / Money Order Enclosed

☐ Credit Card (please fill out information below)

Please charge the full payment to: ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

__________________________________________      ______________________________________
Account #             Card Expiration Date

__________________________________________      ______________________________________
Signature of Card Holder            Date

Payment should be made by check, money order, or credit card for the FULL amount of tuition and registration fee. Make checks or money orders payable to Pace University. Important: Use a separate form for each registrant. This form can be duplicated but not altered in any way. Please print all information.