

# Registration Form

GRADUATESCHOOL.EDU/DISTANCE

## Participant Name\*\*

\_\_\_\_\_  
Last First Middle

## ID Information\*\*

\_\_\_\_\_  
Social Security Number or Date of Birth (Required) Position or Title

## Mailing Address\*\*

Preference Home or Office \_\_\_\_\_  
Street Suite/Floor/Apt #

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

## Telephone\*\*

\_\_\_\_\_  
Home Phone (Include Area Code) Daytime Number (Include Area Code)

E-mail \_\_\_\_\_  
E-mail Address Fax Number

## Course Information 1

\_\_\_\_\_  
Course Code Course Title Tuition

## Course Information 2

\_\_\_\_\_  
Course Code Course Title Tuition

## Method of Payment\*\*

(MasterCard, VISA,  
American Express,  
Diners Club)

\_\_\_\_\_  
Card Company Account Number Expiration Date

\_\_\_\_\_  
Cardholder's Name (as it appears on the card) Cardholder's Telephone Number

\_\_\_\_\_  
Cardholder's E-mail Address

How did you first hear  
about this course?

\_\_\_\_\_  
Check Number Amount Deferred Account Number

Printed catalog

E-mail

Training Officer

Brochure

Friend/Colleague

Advertisement

Conference

Graduate School

Web site

Another Web site

Other \_\_\_\_\_

\_\_\_\_\_  
Employer/Agency Name

\_\_\_\_\_  
Mailing Address/Billing Address PO # \*\* (required if being billed)

Is a receipt required? Y \_\_\_ N \_\_\_

Is an invoice required? (If yes, provide billing address and PO #)\*\*

## Miscellaneous

\_\_\_\_\_  
Name of Person Completing Form Date

\_\_\_\_\_  
E-mail Address

\*\* Required Information

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List names here if you are registering more than one student for the same course using the same credit card number.

## 2nd Participant Information

Last	First	Middle
Social Security Number or Date of Birth (Required)		Position or Title
Street Address		Suite/Floor/Apt. #
City	State	Zip
Home Phone (Include Area Code)	Daytime Phone (Include Area Code)	E-mail Address

## 3rd Participant Information

Last	First	Middle
Social Security Number or Date of Birth (Required)		Position or Title
Street Address		Suite/Floor/Apt. #
City	State	Zip
Home Phone (Include Area Code)	Daytime Phone (Include Area Code)	E-mail Address

## 4th Participant Information

Last	First	Middle
Social Security Number or Date of Birth (Required)		Position or Title
Street Address		Suite/Floor/Apt. #
City	State	Zip
Home Phone (Include Area Code)	Daytime Phone (Include Area Code)	E-mail Address

**Mail Form to:** Graduate School  
Distance Education  
PO Box 25605  
Denver, CO 80225-0605

**Fax Form to:** (720) 963-6241