

The fastest way to register is online at graduateschool.edu/catalog or by phone at (888) 744-4723 using a credit card. This form is for daytime and evening classroom course registrations made with credit card or check payment; please return your completed form via fax or mail to Graduate School CSC - Registration Processing, 600 Maryland Avenue SW, Washington, DC 20024.

This form must also accompany all registrations made in person by cash. Allow for three business day's processing after receipt of this form.

You can also register by fax, e-mail or mail by providing a completed and signed government training authorization form (SF-182) or company purchase order.

Class sizes are limited and fill up quickly. Register early!

***Required Information**

Participant Name*

ID Information

Mailing Address*

Primary Telephone*

E-mail Address*

Secondary E-mail

Last		First		Middle	
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)					
Agency/Office/Department					
Street				Suite/Floor/Mail Stop	
City			State		Zip
Phone (Including Area Code)			Secondary Phone (Including Area Code)		
E-mail Address			Fax Number		
E-mail Address					

Ethnic Group (circle one): 1 Nonresident Alien 2 Black, Non-Hispanic 3 American Indian or Alaskan Native 4 Asian or Pacific Islander 5 Hispanic					
6 White, Non-Hispanic 7 Unknown					
Country of Citizenship: _____ Date of Birth: _____ Gender (circle one): Female Male					
<small>Data will be used for statistical purposes only</small>					

Requested Class*

Course Code	Course Title	
Date	Location	

Method of Payment*

Credit Card

MasterCard Visa American Express Diners Club

Account Number		Expiration Date	
Cardholder's Name (as it appears on the card)		Cardholder's Telephone Number	
Card Holder's Billing Address			
Cardholder's E-mail Address			
<input type="checkbox"/> Check (Mail or in person)			
Check Number		Amount	

Source

How did you first learn about this course? Key Code: _____			
<input type="checkbox"/> Printed catalog	<input type="checkbox"/> E-mail	<input type="checkbox"/> Training officer	<input type="checkbox"/> Brochure
<input type="checkbox"/> Friend/colleague	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Conference	
<input type="checkbox"/> Graduate School Web site	<input type="checkbox"/> Another Web site	<input type="checkbox"/> Other _____	

Course tuition and course schedules are subject to change without notice. Please refer to our Web site for the most current information.

Name of Person Completing Form

LIST NAMES HERE IF YOU ARE REGISTERING MORE THAN ONE STUDENT FOR THE SAME COURSE USING THE SAME PAYMENT METHOD.

***Required Information**

2nd Participant Name*

ID Information

Mailing Address*

Primary Telephone*

E-mail Address*

Secondary E-mail

Last		First		Middle	
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)					
Agency/Office/Department					
Street				Suite/Floor/Mail Stop	
City			State		Zip
Phone (Including Area Code)			Secondary Number (Including Area Code)		
E-mail Address			Fax Number		
E-mail Address					

Ethnic Group (circle one): 1 Nonresident Alien 2 Black, Non-Hispanic 3 American Indian or Alaskan Native 4 Asian or Pacific Islander 5 Hispanic 6 White, Non-Hispanic 7 Unknown					
Country of Citizenship: _____ Date of Birth: _____ Gender (circle one): Female Male					
<small>Data will be used for statistical purposes only</small>					

3rd Participant Name*

ID Information

Mailing Address*

Primary Telephone*

E-mail Address*

Secondary E-mail

Last		First		Middle	
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)					
Agency/Office/Department					
Street				Suite/Floor/Mail Stop	
City			State		Zip
Phone (Including Area Code)			Secondary Number (Including Area Code)		
E-mail Address			Fax Number		
E-mail address					

Ethnic Group (circle one): 1 Nonresident Alien 2 Black, Non-Hispanic 3 American Indian or Alaskan Native 4 Asian or Pacific Islander 5 Hispanic 6 White, Non-Hispanic 7 Unknown					
Country of Citizenship: _____ Date of Birth: _____ Gender (circle one): Female Male					
<small>Data will be used for statistical purposes only</small>					

4th Participant Name*

ID Information

Mailing Address*

Primary Telephone*

E-mail Address*

Secondary E-mail

Last		First		Middle	
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)					
Agency/Office/Department					
Street				Suite/Floor/Mail Stop	
City			State		Zip
Phone (Including Area Code)			Secondary Number (Including Area Code)		
E-mail Address			Fax Number		
E-mail address					

Ethnic Group (circle one): 1 Nonresident Alien 2 Black, Non-Hispanic 3 American Indian or Alaskan Native 4 Asian or Pacific Islander 5 Hispanic 6 White, Non-Hispanic 7 Unknown					
Country of Citizenship: _____ Date of Birth: _____ Gender (circle one): Female Male					
<small>Data will be used for statistical purposes only</small>					