SPU Summer Institutes registration form

Engaging the culture, changing the world®
Seattle Pacific UNIVERSITY

PLEASE NOTE THE FOLLOWING INSTRUCTIONS:
1. Select the payment option and enclose your payment (the cardholder's signature is required if paying by credit card).
2. Read and sign the contractual agreement in step four of the registration form.
3. Complete this registration form and return it via fax or mail to SPU.

MAIL TO:
Seattle Pacific University
School of Education
Continuing Education
3307 Third Avenue West, Suite 209
Seattle, Washington 98119-1950

FAX TO:
206/281-2271

QUESTIONS:
800/589-4038
www.spu.edu/spiral
conted@spu.edu

STEP 1: PLEASE PRINT, USING BLACK OR BLUE INK.

Quarter _____ Year _____ SSN or SPU ID Number *(Required for IRS Reporting Purposes)* _____

Last Name _____ First _____ Middle _____ Former _____

Mailing Address _____ Street _____ City _____ State _____ Zip _____

Email Address _____ (____) Work Phone _____ (____) Home Phone _____

Birth Date (mm/dd/yy) _____
Optional; however, required for Web services access or senior citizen discount.

Gender (Optional):
❑ Male
❑ Female

Ethnicity (Optional):
❑ African American ❑ Asian American ❑ Hispanic American
❑ Alaskan Native ❑ Caucasian/White ❑ Other _____
❑ American Indian ❑ Hawaiian

Required Information:
❑ U.S. Citizen
❑ Non-U.S. Citizen
Country: _____

I have taken a course through Seattle Pacific University (Optional):
❑ Yes ❑ No

STEP 2: COURSE SELECTION.

CRN	CONF #	Course Title	Credits	Instructor	Begins *(If applicable)*	Ends *(If applicable)*	Tuition
2392	CONF 5XXX	Sample Class	3	Smith	9/1/05	9/30/05	$XXX

Total Credits: _____ **Total Tuition:** _____

STEP 3: PAYMENT METHOD AND ADDITIONAL SERVICES.

Payment options: Choose one of the following payment methods (A–C). Pay only tuition; do not include materials and course fees.

❑ **A. Check:** Check enclosed for full amount of $_____ (Make all checks payable to SPU; DO NOT SEND CASH.)

❑ **B. Purchase Order:** Number _____ Name of School, District or Organization _____
Organization Address _____

❑ **C. Credit Card:** ❑ Visa ❑ MasterCard
Account Number _____ Expiration Date _____
Charge full amount of $_____ to my credit card.
Cardholder Name (please print) _____ Cardholder Signature _____ Cardholder Zip Code _____

P.O. Options:
Student is responsible for charges until P.O. is processed (see back of form).

If you have a disability requiring special accommodation, please call **206/281-2272.**

STEP 4: CONTRACTUAL AGREEMENT.

I request registration in the courses indicated. I have read and agree to the contractual statement and refund policy on the reverse side, which outlines my obligations to the University.

X _____ **Signature** _____ Date

FOR OFFICE USE ONLY.

SOE	SAS
Initials:	Initials:
Date:	Date: