

**UNIVERSITY AT BUFFALO**  
**DIVISION OF CONTINUING AND PROFESSIONAL STUDIES**  
**MILLARD FILLMORE COLLEGE**  
**PROFESSIONAL DEVELOPMENT PROGRAMS**

**COURSE REGISTRATION FORM**

*(This PDF document contains interactive fields)*

**1. Personal Information**      Dr.    Mr.    Mrs.    Ms.

FIRST NAME:	MI:	LAST NAME:
MAILING ADDRESS:	CITY/TOWN:	
STATE/PROV:	ZIP/POSTAL CODE:	COUNTRY:

**2. Contact and Employer Information**

DAY PHONE:	EVENING PHONE:	
EMPLOYER:	JOB TITLE:	
EMPLOYER ADDRESS:	CITY/TOWN:	
STATE/PROV:	ZIP/POSTAL CODE:	COUNTRY:
YOUR PREFERRED EMAIL ADDRESS: @		

**3. Method of Payment** (select one of the following)

- CHECK ENCLOSED: (PAYABLE TO THE UNIVERSITY AT BUFFALO FOUNDATION)
- Company letter of authorization included with this form (please provide complete billing information)
- CREDIT CARD PAYMENT (PROVIDE INFORMATION BELOW)

CHARGE TO:	VISA	MasterCard
CREDIT CARD NUMBER:	EXP. DATE:	
CARDHOLDER NAME:		
BILLING ADDRESS:		
CARDHOLDER SIGNATURE:		

CHECK HERE IF YOU ARE NOT THE CARDHOLDER AND YOU HAVE PERMISSION TO USE THIS CARD FOR PAYMENT.

**4. COURSE REGISTRATION(S)**

COURSE TITLE	FEE:
MFC 481 - Sustainable Practice in Environmental Education	\$ 241

**5. SIGNATURE AND SUBMIT FORM**

I AUTHORIZE THE UNIVERSITY AT BUFFALO TO PROCESS MY REGISTRATION FOR COURSE(S) LISTED ON THIS REGISTRATION FORM. I UNDERSTAND THAT ONCE A COURSE IS ACCESSED EITHER BY ATTENDANCE OR VIEWING LESSONS on-line, THERE ARE NO REFUNDS.

SIGNATURE	DATE
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**PLEASE MAIL OR FAX COMPLETED FORM TO:** UNIVERSITY AT BUFFALO  
MILLARD FILLMORE COLLEGE  
3435 MAIN STREET  
BUFFALO, NY 14214-3007  
FAX: (716) 829-2475

WE RESPECT YOUR PRIVACY. INFORMATION COLLECTED ON THIS FORM WILL BE TREATED CONFIDENTIALLY AND IN ACCORDANCE WITH THE UNIVERSITY AT BUFFALO'S PRIVACY POLICY.