# 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: |
|---|---|
| **Writing for Multilingual Speakers (Cost includes required textbook)** | **$ 200.00** |
| | |

## 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**

**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.

Clear Form Print Form