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 The Research Paper	$ 175.00

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.