

## FIVE EASY WAYS TO REGISTER!

- 1.** **By Mail:** Complete this page and return it to Non-Credit Programs, Lamar University, P.O. Box 10008, Beaumont, Texas 77710. Include your check or money order made payable to Lamar University, or provide your credit card number and expiration date on the form. Make as many copies of the form as needed.
- 2.** **Fax:** Fax your completed registration form with credit card information and total fees due to **(409)880-8683**.
- 3.** **Walk-In:** Bring your completed registration form and payment to the office of Non-Credit Programs in Room 103 of the Montagne Center. **If paying by cash, please bring the exact amount**, as change is unavailable.
- 4.** **Phone:** You may register by phone with a major credit card by calling **(409)880-2233**. Please be prepared to provide your social security number, birth date, and credit card information.
- 5.** **Online:** Register online with a credit card at <http://dept.lamar.edu/continuingeducation/registration>

Once your registration is processed, you will receive a confirmation letter reflecting your payment, course information and our refund policy. This letter will include room location, the instructor's name, course dates and times, scheduled holidays, and textbook or supply requirements.

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_  Male  Female Birth Date: \_\_/\_\_/\_\_

How did you learn about us?  Catalog  TV  Radio  Newspaper  Internet  Friend  Other

Education:  Some HS  GED  HS Diploma  Bachelors  Masters  Doctorate

### PLEASE REGISTER ME FOR THE FOLLOWING COURSES:

Course Name	Course Number	Dates	Days	Time	Fee
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

### Parking Fees

- 0-3 week course \$3  
 4-6week course \$5  
 7-15 week course \$10



TUITION TOTAL: \_\_\_\_\_

Parking Fee: \_\_\_\_\_

Total: \_\_\_\_\_

### METHOD OF PAYMENT: For Office use only

Cash (do not mail)  Check #: \_\_\_\_\_

VISA  MC  AMEX  Discover

Company PO#: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

CC #: \_\_\_\_\_ Exp: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Please attach a copy of your company PO to this registration form.

for office use only:	Rec'd By: _____
Receipt #: _____	Permit: _____
Date Paid: _____	Term: _____