



REGISTRATION FORM

Course/Training Title: _____

Date of Course/Training: _____

Name

Organization Name

Address

City State Zip

Work Phone Home Phone

Email Fax

Payment Information:

Check Check Number: _____

Make Check Payable To: UW-Green Bay Continuing Education.

Mail To: Send registration with payment to: CPE, UW- Green Bay, 2420 Nicolet Drive, Green Bay, WI 54311