Antioch University Seattle
Center for Continuing Education
Continuing Education Registration Form

To register for a continuing education program, please complete registration information below, then

Mail to:	Fax to:
Antioch University Seattle ATTN: Continuing Education 2326 Sixth Ave. Seattle, WA 98121	(206) 268-4115 ATTN: Student Accounts Credit Cards Only

_____ _____
Last Name First Name M.I. Professional Job Title

_____
Mailing Address Zip City State

( )_____( )_____( )_____
Work Telephone Home Telephone Cell Phone

_____ _____
E-mail Address Birth Date OR Soc. Sec. Number

Course #	Course Title	Units/ Credits	Tuition or Fee
	Application for:	N/A	

Total Amount: _____

Payment is due at time of registration. Check one:
☐ Check
☐ Third-party Payer:_____
(Please include your voucher, purchase order or payment authorization.)
☐ Credit Card: We accept VISA, MasterCard and Discover

_____
Account Number Expiration Date

_____
Cardholder name, if different

_____
Signature Date

For administrative use only:
GL Account # 01030-3150

9/28/2005