

Evening and Weekend Programs Registration Form

The fastest way to register is online at graduateschool.edu/catalog or by phone at (888) 744-4723 using a credit card. This form is for evening classroom course registration made with credit card or check payment; please return your completed form via fax or mail to: Graduate School USA, Registration Processing, 600 Maryland Avenue SW, Washington, DC 20024; fax: (866) 329-4723

This form must also accompany all registrations made in person and paid in cash. Please allow for three business days' processing after receipt of this form.

Registrations can also be made by fax, mail, or email by providing a completed and signed government training authorization form (SF-182) or company purchase order.

Class sizes are limited and fill up quickly. Register early!

*Required Information									
Participant Name*	Last First			irst		Middle			
	Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)								
ID Information									
	Agency/Office/Department								
Mailing Address*	Street Suite/Floo							uite/Floor/Mail Sto	ор
	City State							ZIP	
	Ony					211			
Primary Telephone*	Phone (Including Area	Secondary Phone (I	Secondary Phone (Including Area Code)						
	Email Address	Fax Number							
Email Address*									
Secondary Email	Email Address								
Ethnic Group (circle one): 1 Nonresident Alien 2 Black, Non-Hispanic 3 American Indian or Alaskan Native 4 Asian or Pacific Islander 5 Hispanic									
	6 White, Non-Hispanic 7 Unknown								
	Country of Citizenship Date of Birth Gender (circle one): Female Male Data will be used for statistical purposes only.								
	Course Code Course Title								
Requested Class(es)*									
	Date Location								
	Course Code Course Title								
	Date Location								
Method of Payment*	Credit Card				ID's an Old				
	□ Discover □ MasterCard □ Visa □ American Express □ Diners Club Account Number □ Expiration Date								
							Expiration batto		
	Cardholder's Name (as it appears on the card)						Cardholder's Telephone Number		
	Cardholders' Billing Address								
	Cardholder's Email Add	ress							
	Check (mail or in person)								
	Shoot (that of it polocity								
	Check Number Amount					Amount	punt		
Cource	How did you first learn about this course? Key Code:								
Source	□Printed catalog □ Email □ Training Officer						□ Brochure		
	□ Friend/colleague □ Advertisement □ Conference □ Craduate School USA website □ Another website □ Other								
	☐ Graduate School USA website ☐ Another website ☐ Other							at information	
Course tuition and course schedules are subject to change without notice. Please refer to our website for the most current information.									
	Name of Person Compl	eting Form							Date