



REGISTRATION FORM

The fastest way to register for daytime, evening, or distance education training is online at graduateschool.edu/catalog or by phone at (888) 744-4723 using a credit card. **If you do not register online, please register by submitting this completed form (with payment) via fax, mail, or email to:** Graduate School USA, Registration and Information Center - Registration Processing, 600 Maryland Avenue SW, Suite 301, Washington, DC 20024; **fax:** (866) 329-4723; **email:** customersupport@graduateschool.edu.

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 cannot be completed without payment.

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*

ID Information

Mailing Address*

Primary Telephone*

Email Address*

Secondary Email

Last		First		Middle	
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)					
Agency/Office/Department					
Street				Suite/Floor/Mail Stop	
City			State		ZIP
Phone (Including Area Code)			Secondary Phone (Including Area Code)		
Email Address			Fax Number		
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.					

Requested Class*

Course Code	Course Title				
Date	Location				

Method of Payment*

Credit Card

Discover MasterCard Visa American Express Diners Club

Account Number		Expiration Date	
Cardholder's Name (as it appears on the card)			Cardholder's Telephone Number
Cardholders' Billing Address			
Cardholder's Email Address			
Check (mail or in person)			
Check Number			Amount

Source

How did you first learn about this course? Key Code: _____			
<input type="checkbox"/> Printed catalog	<input type="checkbox"/> Email	<input type="checkbox"/> Training Officer	<input type="checkbox"/> Brochure
<input type="checkbox"/> Friend/colleague	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Conference	
<input type="checkbox"/> Graduate School USA website	<input type="checkbox"/> Another website	<input type="checkbox"/> Other _____	

Course tuition and course schedules are subject to change without notice. Please refer to our website for the most current information.

Name of Person Completing Form



REGISTRATION FORM

LIST NAMES HERE IF YOU ARE REGISTERING MORE THAN ONE STUDENT FOR THE SAME COURSE USING THE SAME PAYMENT METHOD.

*Required Information

2nd Participant Name*

ID Information

Mailing Address*

Primary Telephone*

Email Address*

Secondary Email

Last		First		Middle
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)				
Agency/Office/Department				
Street			Suite/Floor/Mail Stop	
City		State		ZIP
Phone (Including Area Code)		Secondary Phone (Including Area Code)		
Email Address		Fax Number		
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.

3rd Participant Name*

ID Information

Mailing Address*

Primary Telephone*

Email Address*

Secondary Email

Last		First		Middle
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)				
Agency/Office/Department				
Street			Suite/Floor/Mail Stop	
City		State		ZIP
Phone (Including Area Code)		Secondary Phone (Including Area Code)		
Email Address		Fax Number		
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.

4th Participant Name*

ID Information

Mailing Address*

Primary Telephone*

Email Address*

Secondary Email

Last		First		Middle
Last 4 Digits of Social Security Number or Date of Birth (Required—See Privacy Policy)				
Agency/Office/Department				
Street			Suite/Floor/Mail Stop	
City		State		ZIP
Phone (Including Area Code)		Secondary Phone (Including Area Code)		
Email Address		Fax Number		
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.