



THE UNIVERSITY OF WEST ALABAMA
L I V I N G S T O N

**CONTINUING EDUCATION
REGISTRATION FORM**

PARTICIPANT'S CONTACT INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE NUMBER: ____ (_____) _____

Please Circle: cell home work

Age: _____ or Adult (21 and older)

On which campus will the course be held? Demopolis Higher Education Center _____

UWA Campus in Livingston _____

COURSE INFORMATION

COURSE NUMBER (if applicable): _____

COURSE TITLE: _____

DATES/TIMES: _____

FEE: _____

PAYMENT METHOD

____ VISA

____ Purchase Order #

____ Money Order

____ Master Card

____ Cash

____ Check # _____

CARD HOLDER NAME: _____

(As it appears on the card)

CARD NUMBER: _____ EXP DATE: _____

SIGNATURE: _____ AMOUNT: _____

Make checks payable to UWA