



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

1. Mail to: Center for Continuing Education -OR- 2. Fax to: 206-268-4115
 Antioch University Seattle (Credit Cards Only)
 2326 Sixth Avenue
 Seattle, WA 98121

Date _____

Registrant's Name _____

Professional Job Title _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone Number (Home) _____ (Cell) _____

(Work) _____

Date of Birth _____ or Social Security Number _____

Course #	Course title	Units/Credits	Tuition or Fee
	Application for:	N/A	
Total Amount:			

Payment is due at the time of registration. Check one:

Check

Third-party Payer: _____
 (Please include your voucher, purchase order or payment authorization)

Credit Card: We accept VISA or MasterCard

Account Number _____ Expiration Date: _____

Cardholder Name (if different) _____

Signature _____ Date _____