



Center for Continuing Education

Course/Workshop Registration Form

Mail to: Antioch University Seattle, Attn: Continuing Education, 2326 Sixth Avenue, Seattle, WA 98121

Or fax to: 206-268-4115

Last Name _____ First Name _____ MI _____

Professional Job Title _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone (Work) _____ (Home/Cell) _____

Date of Birth _____ OR Social Security Number _____

Course title	Date	Course Tuition
Total Tuition		

Payment in full is due at the time of registration unless arrangements are made with the Continuing Education office (call 206-268-4111).

PAYMENT INFORMATION

Check enclosed (made payable to Antioch University Seattle)

Third-party payer

Name of agency _____

Billing address of agency _____

Name and phone number of billing contact person _____

Credit Card: We accept VISA or MasterCard

Account Number _____ Expiration Date _____

Cardholder Name (as it appears on card) _____ Phone _____

Signature _____ Date _____