

Registration Agreement



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Use this form to have your company/agency billed directly for your enrollment fees. If you will be paying your own enrollment fees, **do not** use this form. Use the **Non-Credit/CEU Registration Form**.

Register in five simple steps:

1. Choose your courses.
2. Complete the registration agreement form (one per course).
3. Copy the form for your records.
4. Fax, mail or deliver your registration.
 - **Fax** your registration to (916) 278-4865
Do not fax credit card information
 - **Mail or deliver** your registration to
Sacramento State
College of Continuing Education
3000 State University Drive, MS 6103
Sacramento, CA 95819

Participant and company representative must sign form to process enrollment.

5. Check www.cce.csus.edu for up-to-the-minute course information.

For disability accommodations call (916) 278-4433 (three week advance notice requested).

Participant Information

(Please print clearly in black or blue ink)

Mr. _____ Birthdate _____
 Ms. _____

Name - First _____ Middle Initial _____ Last _____

Home Address (Number, Street, Apt.) _____

City _____ State _____ Zip _____

Company Name _____

Job Title _____

Company Address (Number, Street, Suite) _____

City _____ State _____ Zip _____

Work Phone (Include Area Code) _____ Home Phone (Include Area Code) _____

Fax _____ E-mail _____

Are you a Sacramento State Alumni Association member? Yes No Member #: _____

Highest level of education completed: B.A./B.S. Trade School/Other
 High School M.A./M.S. Some College
 A.A. Ph.D.

COURSE INFORMATION

COURSE CODE	COURSE TITLE	START DATE	PRICE

Course information from? Brochure Website Other

TOTAL TO BE BILLED _____

I understand that if the company/agency declines to pay the College of Continuing Education for any reason, I may be liable for the entire course and/or materials fees and any costs incurred for collection of fees.

Billing Information

Purchase Order Number (if applicable) _____

Organization Code _____ SCO Fund Code _____
(required for state agencies) (required for state agencies)

Company Name _____

Company Billing Address _____

City _____ State _____ Zip _____

Employer/Agency Billing Contact Person _____ Telephone _____

Email _____

Signature of Student _____ Date _____

This is a binding payment agreement which reserves enrollment space in the class for the participant listed. Upon receipt of this form, the College of Continuing Education considers the participant formally enrolled in the class.

Participants may cancel enrollment up to 24 hours prior to the class start date (excluding weekends and holidays). Cancellations must be received in writing. For more information, please call (916) 278-4433 between the hours of 8 a.m. and 5:30 p.m. Monday - Friday. If another participant will be sent in place of the one listed, please request a **Registration Change Notice** form and send it with the new participant to the first class meeting.

Failure to notify the College of Continuing Education of cancellation in writing 24 hours prior to the course start date renders the signer responsible for the entire course fee. Please refer to the **Non-Credit/CEU Refund and Transfer Policy** for more information. The signer may be liable for any costs incurred for collection of fees.

Signature of Authorized Company/Agency Representative _____ Date _____

All courses, instructors, locations and fees are subject to change or deletion without notice.