

# General Registration Form

**Background Information (All Fields Required):**

Full Legal Name

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Title of Course: \_\_\_\_\_

How did you hear about the course?

 Newspaper  Flyer  Web  Ad**Payment Information** Visa  Mastercard  Discover  Check (Payable to West Virginia University)

Credit Card:

Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

**Mail or Fax Registration Form With Payment to:**WVU Continuing Professional Education  
P.O. Box 6800  
Morgantown, WV 26506-6800Attn: Sherry Gallagher  
Fax Number: (304) 293 - 4899