Winona State University

Continuing Education Spring 2009 Registration Form

Please fill out this form completely and accurately. If you have questions regarding registration, please call 507.457.5083

*Last Name** _____ *First Name** _____ *Middle Name** _____

*If name changed since last attended, print previous name** _____ *Date of Birth* _____ *Employer/Organization (if currently employed)* _____

*Day Phone** _____ *Evening Phone* _____ *E-mail** _____

*Home Address** _____

*City** _____ *State** _____ *Zip** _____

*Secondary Address** _____

*City** _____ *State** _____ *Zip** _____

** = Required Information*

Have you ever taken a seminar, professional development workshop, credit or non-credit class at Winona State University? _____

I Am Registering For:

Course Name	Course Date	Course Cost
Adult Scrubs	May 18 - 20 2009	$ 0.00

Total Payment Due: $ 0.00

Payment Method

☐ Enclosed is $_____(check or money order payable to WSU)

☐ Please bill my employer for $_____. I have attached a letter of authorization or purchase order.

OUTREACH AND CONTINUING EDUCATION
WINONA STATE UNIVERSITY

_____
Signature

Mail to: *Outreach and Continuing Education • Winona State University • Somsen 106 • P.O. Box 5838 • Winona, MN 55987* ***Fax:*** *507.457.5571*