

Registration Form

Name _____

Address _____

City _____ State _____ ZIP _____

Phone: Day _____ Evening _____

Fax: _____ E-mail _____

Billing address if different from above.

Address _____

City _____ State _____ ZIP _____

Social Security Number _____

Social Security numbers are used solely for identification purposes and are kept confidential. If you do not wish to provide your SSN, you will be assigned a student number by our registration system. Consistent use of this number or your SSN for future registrations will ease the registration process and is especially crucial if you are pursuing a certificate or CEUs.

Fees are payable by cash, check, or charge. To charge, fill in below.

MasterCard, Visa, Discover # _____

Exp. Date _____ Amount Paid _____

Signature _____

Voiceovers

\$59

Please register me for the Voiceover class on _____ (date).

To Register:

By Mail: Ashley Patterson
University of Missouri–St. Louis, Continuing Education
207 J.C. Penney Conference Center
One University Boulevard
St. Louis, MO 63121-4400

By Fax: Fax panel to (314) 516-6414. Charge card number or other payment information must be included.

By Phone: Call (314) 516-5974. MasterCard, Visa, or Discover number must be given to assure registration.

By TDD: Call (314) 516-5961.

The University reserves the right to cancel any program. In the event of cancellation, you will be notified immediately, and all program fees will be refunded. If you must cancel a registration, you are entitled to a full refund only if you cancel prior to the first class meeting.

The University of Missouri-St. Louis is an affirmative action/equal opportunity employer committed to excellence through diversity.

**College of Fine Arts & Communication
Continuing Education**

