

## REGISTRATION FORM

**FAX** this registration form at 718.982.2038 with your credit card information.

**MAIL** it with a check, money order, or credit card information.

**CASH** payments will not be accepted weekdays after 4pm or on Saturdays.

**College of Staten Island/CUNY**

**Office of Continuing Education and Professional Development**

**North Administration Building (2A), Room 201  
2800 Victory Boulevard  
Staten Island, NY 10314  
718.982.2182**

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Complete the registration form below and mail it with a check, money order, or credit card information (do not mail cash).

*PLEASE TYPE OR PRINT:*

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CSI ALUMNI \_\_\_\_\_ YEAR \_\_\_\_\_

COURSE TITLE	COURSE #	COST
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registration fee: \$20 per semester, and \$5 per one-day class**

**\$35 Late fee per course (after two week before start)**

**\$10 Late fee for courses 10 sessions or less (1 week before)**

**\$25 Check Return Fee**

**TOTAL COURSE COST** \_\_\_\_\_

**REGISTRATION FEE** \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**FOR VISA/MASTERCARD REGISTRATIONS**

**Please fill out the following:**

**NAME** \_\_\_\_\_

**(EXACTLY AS IT APPEARS ON CARD)**

**CARD NUMBER** \_\_\_\_\_

**3-DIGIT SECURITY CODE** \_\_\_\_\_

**VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_**

**EXPIRATION DATE** \_\_\_\_\_

**FULL BILLING ADDRESS (IF DIFFERENT):**

**STREET/APT.** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE** \_\_\_\_\_

Please note: Additional information or personal interview may be required for specific certificates and training classes. Proof of GED or high school diploma is required for all certificates. Classes are contingent upon successful enrollment.

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