**Office Use Only**

Term:\_\_\_\_\_\_\_\_\_\_\_\_

Course #:\_\_\_\_\_\_\_\_\_

CRN:\_\_\_\_\_\_\_\_\_\_\_\_\_



**REGISTRATION FORM**

Please complete this registration form and return promptly to the Graduate & Continuing Education Office at Westfield State University, 577 Western Avenue, Westfield MA 01086. You will receive an email confirmation.

Fax: 413-572-5227

**Your Personal Information:**

Last Name:

First Name:

Email:

Home Address:

DOB:

City:

State: \_ Zip Code:

Home Phone:

Work Phone:

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District:

Position or Subject Area:

Grade:

Are you currently or have you ever taken a course at Westfield State University: **Yes No**

**Course Information: Please write the month in which you would like to enroll.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Days** | **Month** | **PDP** |
| **American’s Hidden Heroes**  *Creator: Dr. Martin Henley* | Online-  Self-paced-  4 weeks access |  | $150  **15 PDPs** |
| TOTAL AMOUNT DUE:  *Payment is due at time of registration. Credit Card payment is not accepted via email or fax. Checks are payable to*  *Westfield State University. Cash is not accepted. Purchase Orders are accepted with registration form.*  *Payment is non -refundable if you cancel on or after the first of the month in which you are enrolled.* | | |  |
|  | | |

**METHOD OF PAYMENT (PO, check or credit card):**

**Purchase Order #\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Check #\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit cards accepted: MasterCard/VISA/Discover**

**Credit card payment: We do not accept credit card information by fax or email. If you would like to pay by credit card, either mail in the completed form with credit card information or email the completed registration form to Dr. Marsha Olsen, Director, Center for Teacher Education and Research and then call her at 413-572-8459 to provide the following information:**

**Credit Card\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on credit card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**