



Registration Form

Name _____ Title _____

Organization _____

Give address where you would like to receive your mail. Specify home employer

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Fax (_____) _____ Email Address _____

Are you a Southern Miss alum? yes no

Highest level of education: HS Diploma/GED associate's degree bachelor's degree
 master's degree doctorate degree some college

I am registering for

Program Name	Program Number	Cost
		CEU Fee (If applicable) \$ _____
		Total \$ _____

I would like to receive registration confirmation by E-mail Fax Mail

Method of Payment: Check Money Order VISA MasterCard Purchase Order

Make Checks payable to Southern Miss and mail to:
The University of Southern Mississippi
Professional Development and Educational Outreach
118 College Drive #5136
Hattiesburg, MS 39406-0001

If paying by credit card, Account # _____

Expiration Date _____ Name on card _____

Cardholder's Signature _____

If paying by purchase order

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

How did you first learn about this program?

Brochure in mail E-mail Web site TV Radio Newspaper Supervisor/colleague

Event (specify) _____

Other (specify) _____