Center for Professional Education Registration Form

TO REGISTER:	You may register by fax or U.S. mail. **Payment is due at time of registration.**
Fax:	Fax completed registration form with payment to **(914) 422-4184**
By Mail:	Send your completed registration form with payment to **PACE University, Center for Professional Education** **One Martine Avenue, Room 530** **White Plains, NY 10606**

Name (First, Middle Initial, Last)

Date of Birth (year is optional) Student ID # or last 4 digits of Social Security #

Home Mailing Address

City State Zip

Employer Position

Telephone (Day) Telephone (Cell) Telephone (Evening)

Email Address

Student Signature *(acknowledges agreement of terms and conditions of registration*)*

Please Indicate Selection:

Course Reference #	Course Title	Course Location	Course Date	Balance Due

TOTAL DUE: **$**

Please Indicate Payment Method:

☐ **Check / Money Order** enclosed made payable to **PACE University**
☐ **Credit Card:** ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Account Number

Expiration Date

Signature of Cardholder Today's Date

***Refund & Cancellation Policy:** Registrants who cancel their registration by the **Wednesday** of the **week prior** to the start of class will receive a full refund. **No refunds will be granted after that date**. PACE University reserves the right to substitute instructors, change the day or time a program meets, or cancel programs due to insufficient enrollment or unforeseen events. If a course is canceled, a FULL refund will be issued.