

Continuing & Professional Education Registration Form

TO REGISTER:	Phone:	Please call (914) 773-3714
	Fax:	Complete the registration form and fax it to (914) 989-8451
	Email:	Send your registration form and payment information to cpagano@pace.edu
	Mail:	Pace University, Continuing & Professional Education, Attn.: C. Pagano 163 William Street, Room 310, New York, NY 10038

Name (First, Middle Initial, Last)

Home Mailing Address

City State Zip

Employer Position

Telephone (Work) Telephone (Cell) Telephone (Home)

Email Address

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

Please Indicate Selection:

Course #	Course Title	Course Location	Balance Due

Registration Fee	\$ 5.00
-------------------------	----------------

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

*Payment should be made by check, money order, or credit card for the **FULL** amount of tuition. Make checks or money orders payable to Pace University. Important: Registrants who cancel will receive a full refund if we receive both verbal and written notification on or before **FIVE** business days prior to class start date. **NO REFUNDS WILL BE GRANTED AFTER THAT DATE.** The \$5 Registration Fee is non-refundable. A substitute registrant may attend if we receive notification by the class start 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 class is canceled, a FULL refund of tuition will be issued.