REGISTRATION FORM (This form may be copied)

Last Name First Name MI

Social Security Number

Address Apt #

Driver's License Number

City State

Zip Code

Day Phone Number

Please register me for the following course(s):

Evening Phone Number

Title of Course Course # Date of Course

Title of Course Course # Date of Course

Enclosed is a check or money order payable to University of Houston for $_____

Please Charge to my credit card: American Express ____ Visa____ M/C ____ Card # _____

PLEASE RETURN THIS FORM TO:

Expiration_____

University of Houston
Continuing Education
102 C.N. Hilton Hotel & College
Houston, TX 77204-3027
If you have questions, please call 713-743-1060