



Lawrence Technological University PROFESSIONAL DEVELOPMENT CENTER



2007-2008 Registration Form

(PLEASE PRINT)

Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Mobile: _____

Employer: _____

Business Address: _____ City: _____ State: ____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

MASTERCARD AND VISA ACCEPTED (upon approval) for full payment.

MasterCard /Visa card #: _____ Exp. Date: _____

Signature: _____ Date: _____

SIGNATURE IS REQUIRED AND SIGNIFIES YOUR AUTHORIZATION FOR CREDIT OR DEBIT CARD PAYMENT.

Make checks payable to: *Professional Development Center* and submit with registration to: PDC, Lawrence Technological University, 21000 West Ten Mile Road, Southfield, MI 48075-1058. To register by telephone please call the PDC at 248.204.4050 or you may FAX your registration form and credit card information to 248.204.4017.

<u>COURSE #</u>	<u>TITLE</u>	<u>TUITION / REGISTRATIN FEE</u>

Will you be requesting State of Michigan CE credits (for students with a state Insurance License only)?

YES NO

PLEASE NOTE: Program registration does not include course materials or examination fees.

Signature: _____ Date: _____

Registration indicates that you are familiar with the cancellation policy.