

## REGISTRATION FORM

Name			Date of Birth				
Home Address		City		State		Zip	
Home Phone		Home	Email				
Employer		Title					
Business Address		City	City			Zip	
usiness Phone		Busine	Business Email				
Preferred mailing address:	□ Home	□ Bus	□ Business				
Preferred email address:	□ Home	□ Bus	□ Business				
How did you hear about us:	☐ Email ☐ Internet Search ☐ CPE Event ☐ Other		☐ Print Ad ☐ Word of Mouth ☐ Professional Organiz		☐ Direct Mail ☐ Employer ation/Association		
Highest level of education:		l High School/GED l Associates Degree l Other		☐ Bachelors Degree ☐ Masters Degree		sional Degree ral Degree	
School previously attended:							

# EASY WAYS TO REGISTER:

#### Online:

cpe.depaul.edu

#### Mail in:

DePaul University, CPE 1 East Jackson Blvd. Chicago, IL 60604-2216

#### Walk in:

14 East Jackson Blvd., Suite 1010

#### Call:

(312) 362-6300

PROGRAM TITLE	DATES	DAYS	CAMPUS	COST		
TOTAL:						

### PAYMENT METHOD

Payment may be made by check, VISA, Master Card, Discover, American Express or money order. Cash will not be accepted. Payment must be received at the time of registration. Checks should be made payable to DePaul University SCPS and reference the student's name. University policy requires a \$25.00 Non-Sufficient Funds (NSF) fee to be charged for all returned checks.

All registrations are due seven calendar days before the course start date. Any registration submitted after that deadline will be charged a mandatory \$75.00 late registration fee.

You will receive confirmation of your registration by email. If you need confirmation or a receipt mailed to you, contact our office at (312) 362-6300 or cperegistration@depaul.edu. Written notification of cancellation is required seven calendar days before the course start date to receive a full refund (minus a \$75.00 cancellation fee).