

Continuing Education Course Registration Form

Mail completed form to School of Continuing Education, Long Island University, Long Island University Building, 121 Speonk-Riverhead Rd., Riverhead, NY 11901.

You may also phone in your registration by calling (631) 287-8316, or fax your registration by calling (631) 287-8125. Only one person may register on this form. Additional forms maybe copied.

Last Name _____ First Name _____ Middle Initial _____
Social Security No.: _____ - _____ - _____

Mailing Address _____

Home Phone () _____ Business Phone () _____

E-Mail _____

Have you attended Continuing Education Courses here? Yes No

Course Name	Course Code No.	Fee \$

Fee enclosed (Make check payable to Long Island University)

This confirms a fax registration (631) 287-8125

Please charge my credit card: Visa MasterCard Discover

Card No. _____ Exp. Date: _____

Signature Panel Code (last three numbers on back of card) : _____

Signature: _____ Date: _____

Billing Address: _____

All courses fees must be paid in full prior to first class.

Courses you would like to see offered: _____

Refund policy: Students may cancel their enrollment in any class five business days before the class begins and receive a full refund. A 50% refund will be given for cancellations later than five business days prior to the class start date. No refunds will be given once a class has started. **Note: The School of Continuing Education reserves the right to cancel any course, seminar, lecture or workshop if a minimum enrollment is not met. Class schedules are subject to change.**