



OFFICE OF PROFESSIONAL AND CONTINUING EDUCATION

Office of Professional & Continuing Education Community Course  
Registration Form

Name (First, Last): \_\_\_\_\_

Address (Street or Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please specify any special needs or accommodations:

\_\_\_\_\_  
\_\_\_\_\_

Please list your course / courses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to your course confirmation email for the specific refund policy concerning your course or you may call 334-844-5100 to hear the refund policy over the phone.

Please make check payable to Auburn University or you may pay via credit card list below, or please circle payment method.

Visa

MasterCard

Discover

American Express

Credit Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_ Card Verification #: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_