



University Extended Education
Education Programs
(714) 278-2796/Fax (714) 278-5445

CSUF University Extended Education Registration Form
"Centers for Ocean Science Education Excellence-West
Harmful Algal Bloom Science Workshop"
Spring 2006

Date: _____ Social Security #: _____

Name: (first, middle, last): _____

Address (street number): _____

City: _____ State: _____ ZIP: _____

Day phone: _____ Evening phone: _____

Birthdate: _____ (please circle): **Female** or **Male**

Email Address: _____

<u>Schedule #</u>	<u>Unit</u>	<u>Class Title</u>	<u>Date</u>	<u>Fee</u>
E062-19663	1	COSEE-Wst Harmfl Alga Blm	3/6-3/24/06	\$50

Instructors: Judith Lemus

Payment by check, money order or credit card. By CHECK or MONEY ORDER: make payable to CSUF.

To MAIL: CSUF Extended Education, College Park, Suite 950, 2600 E. Nutwood Avenue, Fullerton, CA
92831 ATTN: Adrian Rodriguez

To CHARGE (please CIRCLE): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

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