CSUF University Extended Education Registration Form

BIO X519- Oceans and Health Online Workshop
Spring 2009

Date:_____________  Social Security #:________________________
or CWID #:_____________________

Name: (first, middle, last):__________________________________________________

Address (street number):_________________________________________________________________

City: ___________________________  State: _______  ZIP:___________

Day phone: ________________________  Evening phone: ________________________

Birthdate: ________________________  (please circle): Female or Male

Email Address:_____________________________________________________

<table>
<thead>
<tr>
<th>Schedule #</th>
<th>Unit</th>
<th>Class Title</th>
<th>Date</th>
<th>Fee</th>
</tr>
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<tbody>
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<td>093-20888</td>
<td>1</td>
<td>BIO X519- Oceans and Health Online Workshop</td>
<td>(4/6/09-4/17/09)</td>
<td>$90</td>
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Instructor: Melissa Ryan

Payment by check, money order or credit card. By CHECK or MONEY ORDER: make payable to CSUF.
CSUF: 2600 Nutwood Ave.
Fullerton, CA 92831
Attn: Judy Strong, CP-950

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

Credit card # ___________________________________________ Expiration date: _______________________

Cardholder Name: ________________________________________ Authorizing Signature: ____________________