

# Office for Educational Outreach Registration Form

## Easy Ways To Register:

**CALL** 419.433.5560 or 1.800.322.4787 ext. 20617  
**FAX** 419.372.0609 or 419.433.9696  
**MAIL** BGSU Firelands  
 Office for Educational Outreach  
 1 University Drive  
 Huron, OH 44839



[www.firelands.bgsu.edu](http://www.firelands.bgsu.edu)

Please print. Photocopy this form for additional registrants.

**REGISTRANT**

First Name <small>(as desired on certificate)</small>	Middle Initial	Last Name
Home Address (for confirmation letter)		
City	State	Zip
Business / Department Address		
City	State	Zip
Business Telephone ( )	Ext.	Home Telephone ( )
Fax	Cell Phone ( )	
E-mail Address	Date of Birth <small>(MM / DD / YYYY)</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
For Parking Permit: _____ License Plate # _____		
<small>This information is requested for state and federal reporting purposes only and is not mandatory for admission to BGSU Firelands.</small>		
Ethnicity (check one)		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		

Select course(s).

**COURSES**

Course(s) <small>(in order of preference)</small>	Course Fee	Total Due
CEUs Requested <input type="checkbox"/>	TOTAL DUE \$	

Payment or billing instructions must accompany registration form.

**PAYMENT**

Method of Payment	
<input type="checkbox"/> Check Attached <small>(payable to BGSU Firelands)</small>	<input type="checkbox"/> Purchase Order No.
<input type="checkbox"/> Invoice My Organization— Attn: _____	
Credit Card No.	Security Code
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	
Name on Credit Card	Expiration Date
Cardholder Signature	

**PLEASE NOTE:**

Your registration in a course is not guaranteed until payment has been received by the Office for Educational Outreach. Also, course materials are your responsibility to purchase prior to the class. Bring materials to the first class session unless otherwise directed.

For additional information on the SAGE program and refund policies please visit our web site or call.

**OFFICE USE ONLY**

Compsys: _____	Paid: _____	Company PO: _____
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