Registration Agreement

SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Use this form to have your company/agency billed directly for your enrollment fees. If you will be paying your own enrollment fees, **do not** use this form. Use the **Non-Credit/CEU Registration Form.**

Register in five simple steps:

1. Choose your courses.
2. Complete the registration agreement form (one per course).
3. Copy the form for your records.
4. Email, mail or deliver your registration.
   - **Email** your registration to cceonlinereg@csus.edu. Do not send credit card information
   - **Mail or deliver** your registration to Sacramento State College of Continuing Education 3000 State University Drive, MS 6103 Sacramento, CA 95819

   * Participant and company representative must sign form to process enrollment.
5. Check **www.cce.csus.edu** for up-to-the-minute course information.

For disability accommodations call (916)278-4433 (three week advance notice requested).

Participant Information

(Please print clearly in black or blue ink)

Birthdate

☐ Mr.
☐ Ms.

Name - First | Middle Initial | Last

Home Address (Number, Street, Apt.)

City | State | Zip

Company Name

Job Title

Company Address (Number, Street, Suite)

City | State | Zip

Work Phone (Include Area Code) | Home Phone (Include Area Code)

Fax | E-mail

Are you a Sacramento State Alumni Association member? ☐ Yes ☐ No Member #:

Highest level of education completed:

☐ High School ☐ A.A. ☐ B.A/B.S. ☐ M.A./M.S. ☐ Ph.D. ☐ Trade School/Other ☐ Some College

COURSE INFORMATION

COURSE CODE	COURSE TITLE	START DATE	PRICE

Course information from? Brochure ☐ Website ☐ Other ☐

TOTAL TO BE BILLED **$ 0.00**

I understand that if the company/agency declines to pay the College of Continuing Education for any reason, I may be liable for the entire course and/or materials fees and any costs incurred for collection of fees.

Billing Information

Purchase Order Number (if applicable)

Organization Code (required for state agencies) | SCO Fund Code (required for state agencies)

Company Name

Company Billing Address

City | State | Zip

Employer/Agency Billing Contact Person | Telephone

Email

Signature of Student | Date

This is a binding payment agreement which reserves enrollment space in the class for the participant listed. Upon receipt of this form, the College of Continuing Education considers the participant formally enrolled in the class.

Participants may cancel enrollment up to 24 hours prior to the class start date (excluding weekends and holidays). Cancellations must be received in writing. For more information, please call (916) 278-5182 between the hours of 8 a.m. and 5:30 p.m. Monday - Friday. If another participant will be sent in place of the one listed, please request a **Registration Change Notice** form and send it with the new participant to the first class meeting.

Failure to notify the College of Continuing Education of cancellation in writing 24 hours prior to the course start date renders the signer responsible for the entire course fee. Please refer to the **Non-Credit/CEU Refund and Transfer Policy** for more information. The signer may be liable for any costs incurred for collection of fees.

Signature of Authorized Company/Agency Representative | Date

All courses, instructors, locations and fees are subject to change or deletion without notice.

NOT PRINTED AT STATE EXPENSE