NON-CREDIT REGISTRATION FORM

Mail to: Outreach Non credit Registration Office
PO Box 410
State College, PA 16804 0410

Fax to: 814 863 2765

*Please complete one form for **each person enrolling**. You may copy the form as needed. Please print clearly.*

Last Name	First Name	M.I.	❑ Female ❑ Male Gender

E-mail Address

Home Address	City	State	Zip Code

PSU ID (if known)	Daytime Phone	Mobile Phone

Place of Employment	Occupation or Position

Business Address	City	State	Zip Code

Event/Course Title	Date(s)	Fee
		$
		$
		$
	TOTAL	$

Method of Payment

Your payment, in full, must accompany your registration form. Faxed registrations must be accompanied by credit card payment information. The Pennsylvania State University Federal ID number is 24-6000376.

❑ **CHECK** - Enclosed is a check for $_____ payable to **The Pennsylvania State University**.
❑ **CHARGE** $ _____ to: ❑ MasterCard ❑ VISA ❑ Discover ❑ American Express

Cardholder's Name *(please print)*	Email Address for Receipt

Cardholder's Signature	❑ Company ❑ Personal

Account #	Exp. Date (month/year)

- ***If supplying credit card information do not email this form.***
- ***Credit card charges cannot be processed without signature and expiration date.***

❑ **BILL my sponsoring organization.** ***You must provide a letter from your sponsoring organization indicating that they accept responsibility for payment. Invoice should be sent to the following:***

Name *(please print)*	Title

Daytime Phone *(required)*	Email Address for PO/Invoice *(required)*

Ethnicity/Race *For federal and state statistical reporting purposes (optional)*

Is your Ethnicity Hispanic/Latino? ❑ Yes, Hispanic/Latino ❑ No, not Hispanic/Latino

Race: ❑ White ❑ Black or African American ❑ Asian ❑ American Indian or Alaska Native ❑ Native Hawaiian/Other Pacific Islander

Citizenship: ❑ U.S. Citizen ❑ Permanent Resident – Immigrant ❑ Foreign – Temporary Visa