

Registration Form

Mail To: Continuing Professional Education Seminars
ATTN: Program Coordinator
Education and Training Program
Center of Alcohol Studies
Rutgers, The State University of New Jersey
607 Allison Road
Piscataway, NJ 08854-8001
Telephone: (732) 445-4317 Fax: (732) 445-3500

Name _____
Last First Middle

Address _____
Street
City State Zip Code

Home Phone _____ Email _____

Employer _____

Position _____

Address _____
Street
City State Zip Code

Business Phone _____ Fax No. _____

Please circle all seminar numbers for which you want to register:

1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24

The cost per seminar is \$85.00. Please enclose your non-refundable deposit of \$20.00 per seminar (5 or more, \$100.00). Please note that deposit paid will go towards balance of tuition and will not add additional cost.

- Check enclosed payable to Rutgers, The State University of New Jersey.
- Please charge my Mastercard/Visa account for \$ _____
A/C No. _____ Expiration Date _____

For Office Use Only: Date Application Received _____

Deposit Paid _____ Check/MO/PO/MC/VISA _____