

# Registration Information

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## **Group Discount:**

Three or more people (from the same place of employment) will receive 20% off of the total transaction. *Registration must be completed in one payment.*

## **Payment:**

Courses require full payment at the time of registration. You can choose from a variety of payment methods. Payment can be made with a check, company purchase order (P.O.), money order or credit card. Checks should be made payable to "University of Wisconsin-Milwaukee." Cash is accepted through in-person registration only. If you have not received a confirmation three days before the program, please call our office at 414-227-3123 or email us at [chs-outreach@uwm.edu](mailto:chs-outreach@uwm.edu).

## **Special needs:**

Please advise us at the time of registration if you have special needs. Requests will be kept confidential. If requests are received less than four weeks prior to the program date, we may not be able to accommodate you.

## **Individual course information:**

To receive individual course brochures for posting at your workplace, go to [www.chs-ce.uwm.edu](http://www.chs-ce.uwm.edu) and click the program number of the desired course. The course brochure will open as a printable PDF file. If you do not have Adobe Acrobat Reader, you can download it for free online. To receive more information mailed to your home or work address, please call 414-227-3123. Every effort has been made to ensure the accuracy of the information in this catalog. However, all information is subject to change or correction without notice. Please visit [www.chs-ce.uwm.edu](http://www.chs-ce.uwm.edu) for the most current information and additional programs.

## **General information:**

Early registration is encouraged to guarantee space and prevent course cancellation due to low enrollment. Participants are accepted on a first-come, first-served basis. Enrollment is confirmed upon receipt of registration and payment or agency guarantee of payment. The College of Health Sciences Outreach Office reserves the right to cancel any offering for which registrations are not sufficient to support budgeted expenses. Every effort has been made to ensure the accuracy of the information presented in this catalog. However, all course information, instructor designations, locations and fees described in this catalog are subject to change without notice. See our website for updates. Lunch is included only where indicated. If you have any questions, please call 414-227-3123.

## **Program cancellations/refunds:**

A full refund is issued to program participants if the program is canceled by the College of Health Sciences Outreach Office for any reason. For cancellations made by a participant at least 14 days (ten business days) before the start of the program, a refund will be issued minus a \$25.00 processing fee. For cancellations made within 14 days of the program, a certificate worth the value of the program (minus a \$25.00 processing fee) will be issued and is valid for one year from the date of the original course.

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*Registration form is on the next page.*

# 4 Easy Ways to Register for Classes

## UWM College of Health Sciences - Outreach Continuing Education Registration Form



### Online

<http://www.chs-ce.uwm.edu>

Find your course and use the "click here to register" link.



### Fax

Fax this registration form to:

414-227-3146 or 800-399-4896



### Phone

414-227-3200 or 800-222-3623



### Mail

Mail registration form to:

Noncredit Registration-UWM

Drawer No. 491

Milwaukee, WI 53293

**Use this portion of the form to register by fax or mail.  
Please register me for:**

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course # (4 digits): \_\_\_\_\_

### Registrant information:

Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email (required): \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: Street/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Payment:

Cost of course or combo package: \_\_\_\_\_

Method:

- Check enclosed (payable to UWM)  
 Check purchase order enclosed  
 Credit/Debit Card:     Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ **UWM Office Use**

Cardholders Name: \_\_\_\_\_ **Date Received:**

Cardholders Signature: \_\_\_\_\_ **Order Number:**

Billing Address: \_\_\_\_\_