

# Alfred University

## Short Course Registration Form

Name(s)

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Company

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Address

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City

State

Zip

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Phone

Fax

E-Mail

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Course Name/Date

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Payment method: \_\_\_ Credit Card    We accept: MC    Visa    Amex

Total Amount \$ \_\_\_\_\_ US Dollars

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Card Number

Security code (on back of Credit Card)

Exp. Date

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Print name as it appears on card

Authorized Signature

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**Please scan completed form and email to [wightman@alfred.edu](mailto:wightman@alfred.edu)**

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