PENNSTATE

Capital Area Institute for Mathematics and Science

Fill up, print out and mail or fax

Noncredit registration form

Last name | First name | Middle initial

Home address (no. and street or box no.)

City | State | ZIP code

Home phone

Social Security no. | Date of Birth

☐ Female ☐ Male

Gender | E-mail

Company or organization

Title

Business address (no. and street or box no.)

City | State | ZIP code

Business phone | Fax

Course Title	Date	Cost
	Total	0

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.

☐ Enclosed is a check for $_____ payable to The Pennsylvania State University.

☐ Bill my sponsoring organization. A letter of authorization, printed on an employer/organization's letterhead and including the student's name, Social Security number, and billable fees must be attached or the registration cannot be processed. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges.

☐ Charge $_____ to ☐ MasterCard ☐ VISA

Cardholder's name (please print)

Cardholder's signature

Account # | Exp. date (month/year)

Credit card charges cannot be processed without signature and expiration date.

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