

# SETC Registration Form

Title of Class \_\_\_\_\_

Fee for Class \_\_\_\_\_ Date of Class \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ School District \_\_\_\_\_

E-mail address \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home/cell phone \_\_\_\_\_

Method of Payment:

**check** -Make payable to Central Washington University

**purchase order**

**Visa/Mastercard**, card holders name and telephone number \_\_\_\_\_

- *Please do not e-mail or fax credit card numbers on this form.*

- *For your safety Sue will call the card holder directly to retrieve the credit card number.*

Fax Registration Forms and Purchase Orders to 509-963-3355

Mail Registration form with payment to: Doris Hayashi  
SETC/CWU  
400 East University Way  
Ellensburg, WA 98926-7413

For any further questions call Doris at 509-963-3350