

course registration form

PERSONAL INFORMATION

Mail code (above name on label)

Name

Home address

CityStateZip code

Telephone (home)Telephone (work)

Email

EmployerTitle

Have you taken Continuing Education courses with us before?

☐ Yes☐ No

Are you a BC alum? Degree/Year

☐ Yes☐ No

COURSE INFORMATION

Course NumberCourse NameDateTuition

Late registration

☐ Yes☐ No

Registration fee \$35 (\$40 per course)Total

PAYMENT INFORMATION

Check: Make payable to "Boston College, School of Nursing, Continuing Education Program"

Credit Card:

☐ Mastercard☐ Visa☐ American Express

Account numberExpiration date

Cardholder nameTotal amount

Signature