

**University of La Verne**  
**Professional Development Courses**

P.O. Box 5196  
 Oceanside, CA 92052  
 Office: 760.643.1664 Fax: 760.643.1666

**REGISTRATION**



Date:		
Have you been enrolled previously at the University of La Verne? Yes <input type="checkbox"/> No <input type="checkbox"/> La Verne ID#:		
Last Name:	First Name:	Initial:
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Birth date:	Last 4 digits of Social Security #:	
School District:		
<b>I would like to enroll in the following:</b>		
Course No.	Course Name	Cost
Total Cost:		
<b>Payment Information:</b>		
<input type="checkbox"/> I have enclosed a check or money order payable to the University of La Verne		
<input type="checkbox"/> I am paying by credit card:		
Card Number:	Expiration Date:	
Signature of card holder:		
Mail to: University of La Verne Professional Development Office P.O. Box 5196 Oceanside, CA 92052 Or FAX: 760-643-1666		