



Technical Course
Registration Form

Engineering Professional Development

How did you hear about the course? _____

Last Name: _____ First Name _____

Organization: _____

Organization Address: _____ Suite No. _____

Mail Code: _____ Cube No _____ P.O. Box: _____

City: _____ State _____ Zip: _____

Email Address: _____

Work No.: _____ Ext. _____ Fax No.: _____

Home No. _____ Cell No. _____

What course are you registering for?

Course Number: _____ Course Name: _____

Session Dates: _____ Course Cost: \$ _____

(fee includes a **non-refundable** \$25.00 registration fee, instruction, materials, and catering charges)

Payment Method:

Visa, American Express or Mastercard Card No.: _____

Expiration Date _____ Name on Card _____

Signature of Authorized Signer: _____

Purchase Order No.: _____ Other: _____

**A course confirmation will be sent to the above address approximately two weeks prior to the start of the course.*

Our address: The University of Michigan-Dearborn
Engineering Professional Development Program
2050 Professional Education Center, 4901 Evergreen Road
Dearborn, MI 48128
Telephone: (313) 593-4000 Fax: (313) 593-4070

Cancellation Policy:

All cancellations must be received in writing by our office via fax or mail. No refunds will be given for cancellations received less than five business days prior to the first day of the course. Substitutions are permitted with no financial penalty. All substitute participants will be required to complete a registration form. UM-Dearborn Engineering Professional Development reserves the right to cancel any course. Should a course be cancelled by the University, a full refund will be issued. In the event of campus closure due to inclement weather, class will resume on the next regularly scheduled date. (Please listen to radio or television broadcasts for closure information. You may also call the Weather Line at 313-436-9157.)

Participant Signature

Date