

CONTACT INFORMATION

Name (last) Name (first) M.I. Gender: M F

Mailing address

City State Zip code

Social Security Number* Date of birth

(area code) Daytime phone (area code) Evening phone Email address

FEES

Yes, I wish to register for Film Directing, Nov. 7 & 21, 2009 (Reg # 102348)

Workshop fee\$375

Total fees\$375

PAYMENT

Check in U.S. funds made payable to the University of Washington. (Returned checks are subject to a \$25 service fee.)

Third-party payer: separate document (purchase order or letter of authorization to bill) must accompany this form.

VISA MasterCard

Card number Expiration date

Name as it appears on card

Credit card billing address

City State Zip code

Signature

IMPORTANT INFORMATION

Mail completed form to:

UW Extension
Registration Services
PO Box 45010
Seattle, WA 98145-0010

Or **fax** form to:

206.685.9359

Note: If paying by VISA or MasterCard, you may also register by phone at 206.897.8939 or 1.800.506.1325.

*For tax purposes, federal law requires the University to obtain your Social Security Number.

Cancellation Policy: To receive a 100% refund, minus the \$35 nonrefundable registration fee, you must send a written request to withdraw by the day before the first day of class. Email your request to uweoreg@extn.washington.edu or fax to 206-685-9359. There is no refund for withdrawals on or after the first day of class.