
Professional Development Registration Form

Date: _____

Name: _____ Organization: _____
FIRST M.I. LAST

Email Address: _____ Date of Birth: ____/____/____

Mailing Address: _____
STREET/P.O. BOX/APT. # CITY/STATE ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What type of credit would you like to receive from this course? CEU CFE CRC (RRTC Programs Only)

Select class: _____

Payment by: Cash Check Money Order Major Credit Card Company-sponsored P.O. MSU Banner Account

Banner/P.O./Card #: _____ Exp Date: _____

Cardholder's Name: _____ Signature: _____

Credit Card Type: VISA Mastercard American Express Discover

Billing Address: _____
STREET/P.O. BOX/APT. # CITY/STATE ZIP

*Please make checks payable to Mississippi State University.
A confirmation of payment will be mailed to you upon receipt of registration and payment.*

FAX OR MAIL THIS COMPLETED FORM AND PAYMENT INFORMATION TO:
MSU AOCE Continuing Education Attn: Accounting P.O. Box 5247 Mississippi State, MS 39762-5247
FAX: 662.325.8666 Phone: 662.325.9191 Campus Mail: 9553