SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

ON-SITE REGISTRATION AGREEMENT

Mail with Payment to:

Registration Services
California State University, Sacramento
3000 State University Drive East, Sacramento, CA 95819-6103
Ph: 916-278-4433

Name of Class: _____

Date(s) Attended: _____ Location: _____

ATTENDEE INFORMATION

Full Name : _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

CEU Fee: ☐ **$50.00 (0.8 CEUs) – Safety Assessment Program Evaluator Training**
☐ **$60.00 (2.0 CEUs) – Cost Estimating for Disaster Recovery & Mitigation**

☐ Check (made payable to CSUS)

Check #: _____

☐ Credit Card:

Type (Visa, MasterCard or Discover): _____ Card #: _____

Expiration Date: _____ Signature: _____

***** NOTE: THIS FORM IS NOT A RECEIPT IF PAYING BY CREDIT CARD**

Signature of Attendee: _____ Date: _____

Signature of Authorized Company/Agency Representative: _____ Date: _____