

Registration Form for Continuing Professional Education



-Please print as you wish to appear on certificate-

Name: _____
Last First Middle

Address: _____
Street Number Road Apt. Number

_____ City State Zip Home Phone Number with Area Code

_____ E-mail Address Cell Phone Number with Area Code

If your name and/or address have changed since you last attended Mercy College, please provide former:

Please specify any special accommodations, if applicable:

I would like to register for the following classes:

1. Course Title: _____

Start Date/Time _____ Cost _____

2. Course Title: _____

Start Date/Time _____ Cost _____

3. Course Title: _____

Start Date/Time _____ Cost _____

4. Course Title: _____

Start Date/Time _____ Cost _____

Payment:

- ♦Cash
- ♦Check (Payable to Mercy College)
- ♦Credit card (MasterCard, Visa, Discover)

♦Employer Payment / Company: _____
Dept #: _____ Cost Center: _____
Manager: _____ Phone: _____

Card Number: _____ Expiration Date: _____

Signature: _____

**Mail or Fax this registration to: Mercy College of Northwest Ohio
Department of Continuing Professional Education
2221 Madison Ave., Toledo, OH 43604
Fax: (419) 251-1711 Phone: (419) 251-1799**

*Continuing Professional Education also offers online course registration with credit card payment.
Please visit <http://mercycollege.augusoft.net>*