REGISTRATION FORM

Student Registration Information

Name _____

Company _____

Address _____

_____

City _____ State ____ Zip _____

Day # (Area Code) _____ (Number) _____

Evening # (Area Code) _____ (Number) _____

Fax # (Area Code) _____ (Number) _____*

E-mail address _____*

Billing Address

(If different from address above)

Company _____

Attention _____

Address _____

_____

City _____ State ____ Zip _____

Day # (Area Code) _____ (Number) _____

Fax # (Area Code) _____ (Number) _____*

Method of Payment

☐ Check Enclosed Check # _____

Credit Card # _____

☐ VISA ☐ American Express ☐ MasterCard ☐ Discover

Expiration Date _____ Signature _____

☐ Invoice

P.O. # required _____

You must include a copy of the purchase order to complete and secure your registration.

Computer Class Information

Class Code	Class Title	Price
	Total	

Mail to:

Science Museum of Minnesota • Computer Education Center
120 West Kellogg Boulevard
Saint Paul, MN 55102 • 651.221.4722

Fax to:

You may fax registration(s) to 651.224.5092.

World Wide Web

comped.smm.org
Our entire course catalog is available on the World Wide Web.
You may register online using our secure system.

SCIENCE MUSEUM OF MINNESOTA
COMPUTER EDUCATION CENTER

✻ **Note**: We send class confirmations via e-mail or fax. Please provide this information on the registration form. Check box below to receive information on new classes and special offers via e-mail.

☐ **Yes, I would like to receive occasional information about new classes/special offers via e-mail.**