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 _____

Name on Card (Please Print) _____

Billing Address _____

City _____ State _____ Zip _____

☐ 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 Date	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.

Website

comped.smm.org
Our entire course catalog is available online.
You may register 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.**