Professional Development Registration Form

Last name: ______________________  First Name: ______________________  MI: ______

Birth date: ______________  Sex: □ Male □ Female  Home phone: ______________________

Home Address: ________________________________________________________________

City, State & Zip: ______________________________________________________________

Employer Name: ______________________________  Job Title: ______________________

Employer Address: ______________________________________________________________

Email Address**: ______________________________

**please provide email address if you would like to receive information via email about other Penn State programs.

Business Phone: ______________________________

COURSE NAME  DATE  FEE
____________________________________________________________________________

____________________________________________________________________________

How did you hear about this course? ______________________________________________

Method of Payment:
Payment in full must accompany registration form. Faxed registrations must be accompanied by credit card information or a letter of authorization from your employer or sponsoring organization.

☐ MasterCard  ☐ Visa

☐ Check enclosed, payable to The Pennsylvania State University

☐ Enclosed is a purchase order, payable to The Pennsylvania State University or letter of authorization from your employer or sponsoring organization.

X ______________________ Email for receipt: ______________________________

Cardholder’s Name (please print) ________________________________________________

X ______________________

Cardholder’s Signature

Card Number ______________________  Expiration Date

Fax or Mail Registration Form to:
Penn State DuBois Outreach
1 College Place
DuBois, PA 15801
Fax (814) 375-4859

Accomodations: Penn State encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accomodations or have questions about the physical access provided, please contact Business Services at (814) 375-4710 in advance of your participation or visit.

Ethnic Background: Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of their students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category.

Select the appropriate responses regarding your ethnicity and your race:

1. Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)? __Yes, ___Hispanic/Latino__No, not Hispanic/Latino

2. What is your race (select one or more)?  ____White____Black or African American____Asian____American Indian or Alaska Native____Native Hawaiian or Other Pacific Islander.