



University of the Virgin Islands
 Community Engagement & Lifelong Learning
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REGISTRATION FORM

PLEASE FILL IN FORM BELOW AND RETURN WITH PAYMENT.

Mr. / Mrs. / Ms. / Miss. **Name** _____
Last First M.I.

Company Name (if applicable): _____

Gender: Male Female

Ethnicity American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Hispanic or Latino

Mailing Address **City**

State **Zip** **Email**

This address is a: Business Home **Daytime Phone** _____ ext. _____

Evening Phone _____ **Fax** _____

CEU Courses Requested

Course Date	Course Title	Code	Cost
		CEU Fee	\$15.00

Method of payment

<input type="checkbox"/> Check (No. _____) (US residents only) <input type="checkbox"/> Money Order Make payable to: University of the Virgin Islands	<input type="checkbox"/> Cash (VI residents only)	Bill my: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
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Card Number: _____ Expiration: _____

I have met all course prerequisites Yes No Please add me to the mailing list

To the best of my knowledge, the above information is complete and accurate. I certify that I have read all waivers and stipulations and understand the information given to me.

I Agree I Decline

Signature _____ Date _____

Date Received _____	OFFICE USE ONLY	
	Campus _____	
Fund Code: 103517	Organizational Code: 6230	Program Code: 420