

SETC Registration Form

Title of Class _____

Fee for Class _____ Date of Class _____

Location _____

Name _____

School District _____

E-mail Address

Mailing
Address _____

City/State/Zip

Work Telephone _____

Home/cell Telephone _____

Method of Payment:

check –Make payable to Central Washington University

Purchase order

Visa/Mastercard, card holders name and telephone numbers _____

Please do not e-mail or fax credit card numbers on this form.

For your safety Sue will call the card holder directly to retrieve the credit card numbers.
Fax Registration Forms and Purchase Orders to 509.963.3355 Mail Registration form
with payment to:

SETC/CWU

Sue Wright, mailstop 7413

400 East University Way

Ellensburg, WA 98926-7413

For any further questions call Sue at 509.963.3350