

NDSU Distance and Continuing Education
PO Box 6050 Dept 2020
Fargo, North Dakota 58108
(701) 231-5376
www.ndsu.edu/dce

NON-CREDIT

Activity _____

Date _____ Location _____

Sex: Female Male CEU's (if offered) _____

SS#: _____ DOB: _____/_____/_____

Name _____

Address _____

City, State, Zip _____

Work _____

Address _____

City, State Zip _____

Phone (Day) _____ (Evening) _____

Email: _____

Fee Schedule and Receipt		Payment made by	
Registration Fee	\$ _____	Personal Check #	_____
CEU Fee	\$ _____	Company Check #	_____
Meals	\$ _____	Cash	_____
Lodging	\$ _____	Bill Company	_____
Book, Materials	\$ _____	Credit Card	_____
Other, Misc.	\$ _____		
Total	\$ _____		
To Charge to: () Visa () Mastercard () Discover			
Full Card Number _____			
Expiration Date _____ V Code _____			
Card Owners Signature _____			
<i>(V Code is the last three numbers on the signature line on the back of the card)</i>			

For Office Use Only

Project # _____