

Registration Form

Marquette University College of Professional Studies M³ Certificate Programs and M³ Review Courses

Registrations MUST be accompanied by payment, credit card number or company purchase order to be processed.

Last Name _____ First Name _____ Soc. Security No. _____ - _____ - _____

Course Title	Course Number	Fee
Applicable Discounts: _____% _____%	Discount	
TOTAL		

Please check your preferred mailing address: Home Employer

Please provide both your home and work phone numbers and a current email address.

Home Street Address _____ Apt # _____
 City _____ State _____ Zip _____ Phone () _____
 Fax () _____ E-mail _____

Employer _____
 Position _____ Dept. _____
 Employer's Street Address _____ Suite# _____
 City _____ State _____ Zip _____ Phone () _____
 Fax () _____ E-mail _____

METHOD OF PAYMENT	
Check or PO# _____	
Make check payable to: Marquette University	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Credit Card Number: _____ - _____ - _____ - _____	
Expiration Date _____	Signature _____
MU Employee Tuition Remission: Attach an Internal Billing Form – found at www.mu.edu/purchasing	

Return To:

Marquette University
 College of Professional Studies
 1212 Building, Room 103
 P.O. Box 1881
 Milwaukee, WI 53201-1881

Phone: (414) 288-7345
 Fax: (414) 288-3298

E-mail: register@marquette.edu

How did you first learn about the program (s)?	
<input type="checkbox"/> Postcard	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Website
<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Newspaper Ad – which _____
<input type="checkbox"/> Other _____	