Non-Credit Registration Form

California State University
Long Beach
College of Continuing and Professional Education

(562) 985-5561 (800) 963-2250
FAX (562) 985-5823

Mail address:
6300 State University Drive, Suite 100 Long Beach, CA 90815

Open:
Monday-Friday 8am-5pm

Three Convenient ways to Register!

In Person: Bring completed registration form and payment to our mailing address at left during business hours.

By Mail: Send completed registration form and payment to our mailing address (at left).

By Phone: Call during business hours at (562) 985-5561 or (800) 963-2250 to register with your VISA or MasterCard. Only accepted before class begins.

A Separate registration form is needed for each person who wishes to enroll. If you need extra forms, we’ll be glad to send you more.

Schedule Changes: Due to circumstances often beyond our control, College of Continuing and Professional Education reserves the right to cancel, postpone, or combine classes or change instructors. Every effort will be made to accommodate students who are inconvenienced by such changes.

How did you hear about this program?

- Catalog or Brochure
- Saw Ad in:
  - LA Times (AL)
  - Gazette News (AG)
  - Long Beach Press Telegram (AP)
  - Orange County Register (AO)
  - Long Beach Business Journal (AB)
  - Orange County Business Journal (OB)
  - Other ad (A)
- Heard Ad on Radio
  - KCRW (RK)
  - KPCC (RP)
  - KTWV (RC)
  - Other Radio Station (R)
- Other:
  - referred by a friend
  - saw information on Web
  - got an e-mail notice
  - Other

I wish to enroll in these classes

<table>
<thead>
<tr>
<th>Schedule Number</th>
<th>Title</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL FEES $ ___________________________

Method of Payment:

- Check Enclosed—Made payable to CSULB
- MasterCard  
- Visa

Account Number ___________________________________________ Expiration Date __________

PRINT name as it appears on card ___________________________ 3 Digit Security Code __________

Authorized Signature ______________________________________

(Optional)

Who are you employed by?

- Female
- Male

INST_Non_CrdReg_Form_F09.indd Revised: June 09