

**STONY BROOK UNIVERSITY
SCHOOL OF PROFESSIONAL DEVELOPMENT
CAREER DEVELOPMENT PROGRAMS REGISTRATION FORM**

Name: _____

Last 4 Digits of SS# _____ or Stony Brook ID # _____

Address: _____ City/State/Zip _____

Daytime Phone # _____ Evening Phone # _____

Certificate Program (if applicable): _____

Email address: _____

Please Complete

COURSE #	COURSE NAME	TIME	START/END DATES	FEE

Registration Fee: _____ **\$20**

Must include \$20 Registration Fee **TOTAL:** _____

You are enrolled upon receipt of your registration form and fee. Full refunds will be given for courses cancelled by SPD only. Once payment is processed there is a \$35 cancellation fee.
Send registration form with payment to:

School of Professional Development
Social and Behavioral Sciences Building Room N-250
Stony Brook, New York 11794-4314
Phone: (631) 632-7022 * Fax: (631) 632-5794 * Email: amy.margolies@stonybrook.edu

To pay with one of the following credit cards: MasterCard, Visa, Discover card or American Express, you MUST complete the Credit Card Authorization Form. Checks should be made payable to: **SUNY at Stony Brook IFR 900012**. CASH PAYMENTS MUST BE PAID DIRECTLY TO THE BURSAR'S OFFICE.

****NOTE TO BURSAR: Deposit into IFR 900012 and return registration form with receipt to Amy Margolies at zip = 4314. KEEP THE CREDIT CARD AUTHORIZATION FORM FOR YOUR RECORDS.**

School of Professional Development
Stony Brook University
SBS N-250
Stony Brook, NY 11794-4314

CREDIT CARD AUTHORIZATION FOR IFR 900012
(Must be accompanied by a registration form)

Student Name: _____

Address: _____

City/State/Zip: _____

Last 4 digits SS#: _____

Or Stony Brook ID# _____

Check One:

American Express _____

Discover _____

Master Card _____

VISA _____

Payment Information:

Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Authorized Amount: \$ _____

Card Holder's Name: _____

Card Holder's Signature _____

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