

REGISTRATION FORM (Please Print)

Your registration and tuition payment are acknowledgement that you have read, understand, and agree to abide by the registration policies of the RWP-BC URI Outreach Center as they are outlined on page 14 of the course brochure.

Name:

Date:

Street Address:

City:

State:

Zip:

E-Mail Address:

Phone #1:

Best Time To Call:

Phone #2:

Best Time To Call:

Course Code	Course Title	Course Date(s)	Course Time	Tuition	
NOTE: For additional space, mail with this form a separate sheet containing requested info				Tuition Total	\$

Please use one registration form per person, complete all contact information, and make all check payable to URI CE. Return this form with payment to:

**URI CELS Outreach Center
3 East Alumni Ave.
Kingston, RI 02881**

For more information about our educational programs, call 401-785-9450 Ext: 250 or 401-874-2900.