

ATTENTION: Process Express Items within 24 hours!!!

Home Study Course Registration

Course Information

Please type or print clearly.

Course Title(s) _____

Course Date(s) _____

Videotape

CD-Rom

DVD

Registrant Information

Name of Registrant _____

This name will appear on your certificate.

Mailing Address _____

City _____ State _____ Zip _____

Contact phone _____ Fax _____
Area code Area code

E-mail _____

Primary field:

___ Prevention

___ Treatment

___ Other

Payment Information

___ Videotape/DVD +\$25 refundable deposit	\$75	Course Fee	\$ _____
___ Videotape/DVD (Add'l cert only)	\$20	Express Media Fee	\$ _____
___ CD-ROM (Purchase disk & 1 cert)	\$50	Express Certificate Fee	\$ _____
___ CD-ROM (Purchase disk no cert)	\$30	Total	\$ _____
___ CD-ROM (Add'l cert only)	\$20		

___ Express Media Fee (optional) \$23

___ Express Certificate Fee (optional) \$19

(Express media and express certificate requests will be completed within 2 business days of receiving faxed or mailed form.)

Make checks payable to
Board of Regents.

Please charge my: ___ MasterCard ___ VISA	
___ Discover ___ American Express	
Card No. _____	
Expiration Date	Signature as it appears on your card

Mail or fax your registration to:
CASAT/279

University of Nevada, Reno
Reno, NV 89557-0204

Toll free: 866.617.2818

Phone: 775.784.4707

Fax: 775.784.1840

Please submit a separate registration form for each course.

Please duplicate as needed.