

Please  
Print  
Clearly

STUDENT ASSIGNED ID NUMBER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE/MAIDEN \_\_\_\_\_

LOCAL MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

\*PROFESSIONAL LICENSE NUMBER (IF APPLICABLE) \_\_\_\_\_

\* M  F  \*RACE \_\_\_\_\_

\*BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*Required for state reporting*

Please  
circle the  
course or  
courses  
you plan  
to attend  
and total  
your fees.

TERM/YEAR	CRN	COURSE TITLES	START DATE	FEES
201025	25070	Marketing Your Small Business	1/20/2010	\$39
201025	25071	Running Your Small Business Successfully	2/10/2010	\$39

*Office Use Only: Participant Registered/Initials* \_\_\_\_\_

TOTAL FEES \_\_\_\_\_

**If paying by credit card, you may fax payment information to 352-435-5044 or mail (see above).**

NAME \_\_\_\_\_ STUDENT ID (FOR OFFICE USE ONLY) \_\_\_\_\_

BILLING MAILING ADDRESS \_\_\_\_\_ STUDENT PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS AMOUNT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

*Office Use Only: Receipt No.* \_\_\_\_\_ *Receipt Date:* \_\_\_\_\_

*Paid by:* \_\_\_\_\_ *Cashier Initials:* \_\_\_\_\_