

Duke Continuing Studies Registration Form

Please read our Cancellation Policies prior to registering.

Participant Information

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Day Phone:(____) _____ Evening Phone:(____) _____

Email: _____

Fax: (____) _____

Company: _____

Job Title: _____

How did you hear about us? _____

Courses - Include registration fees only. If the course description lists a materials fee "due at beginning of class," do not include it here; give it to your instructor.

ID #	Course Title	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Code (if any) _____		TOTAL AMOUNT: \$ _____

Payment of Fees

Check #: _____ (Payable to Duke University)

Mail check and form to:

Registration - Duke Continuing Studies
Box 90700
Durham NC 27708-0700

**Mark Your Calendar! Confirmations are sent only by email.
If a course is full, we will contact you.**