

Registration Form

Course Name: _					
Class date:					
Name:					
Address:					
City:		State:	Zip:		
Phone#:		_ Alternative Phone #:			
UNM Banner ID (i	f applicable): _				
Email:					
		Form of Paym	ent:		
□ Cash Amount:	Check #	Name (as	on card):		
	Amount:	CC #:			
□ UNM Tuition Remission		3-Digit Se Amount:_	Exp. Date: 3-Digit Security Code: Amount: Cardbolder's Signature:		

Note: Upon use of any credit card for the processing of payment and providing your signature, you are allowing UNM to process in the amount noted. Please be advised that upon completion of the above transaction, the amount stated will appear as **UNM Marketplace** on your banking transactions/statement. *Payments must be received prior to date of event.

PLEASE FAX REGISTRATION FORM TO 505-925-4539 OR MAIL TO: 4700 JEFFERSON STREET NE, SUITE 100, ALBUQUERQUE, NM 87109