



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

ON-SITE REGISTRATION AGREEMENT

Mail with Payment to: Registration Services
California State University, Sacramento
3000 State University Drive East, Sacramento, CA 95819-6103
Ph: 916-278-4433

Name of Class: _____

Date(s) Attended: _____ Location: _____

ATTENDEE INFORMATION	
Full Name :	_____
Organization:	_____
Address:	_____
City/State/Zip:	_____
Phone: _____	Email: _____

PAYMENT INFORMATION	
CEU Fee:	<input type="checkbox"/> \$50.00 (0.8 CEUs) – Safety Assessment Program Evaluator Training <input type="checkbox"/> \$60.00 (2.0 CEUs) – Cost Estimating for Disaster Recovery & Mitigation
<input type="checkbox"/> Check (made payable to CSUS)	
Check #:	_____
<input type="checkbox"/> Credit Card:	
Type (Visa, MasterCard or Discover): _____	Card #: _____
Expiration Date: _____	Signature: _____
*** NOTE: THIS FORM IS NOT A RECEIPT IF PAYING BY CREDIT CARD	

Signature of Attendee: _____ Date: _____

Signature of Authorized Company/Agency Representative: _____ Date: _____