



**Fax: 831-582-4502**  
**Mail:** CSUMB Extended Education  
 100 Campus Center  
 Seaside, CA 93955-8001  
 831-582-4500

REGISTRATION FORM

*Certificate in Emergency Preparedness: Public Health & Hospitals*

Spring 2007 ~ Term 3: April 9 – June 29, 2007

**Registration Deadline: March 29, 2007 \*\***

Submit your registration fees to CSU Monterey Bay, Extended Education:

- Step 1 Complete the Participant Information section
- Step 2 Submit payment along with this Emergency Preparedness registration form
  - Mail to: CSUMB-EE 100 Campus Center, Seaside, CA 93955 or
  - Fax to: CSUMB-EE with credit card information to 831-582-4502

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please Print

(mm/dd/yy)

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Street Address City State Zip Code

\_\_\_\_\_  
 Daytime Phone Evening Phone \* Email (Required for all classes)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Online class login instructions and textbook ordering information will be emailed to you.**

**PAYMENT INFORMATION**

**REGISTRATION FEE: \$800.00 PER CLASS**

**CHECK (✓) EACH ONLINE COURSE THAT APPLIES TO THIS REGISTRATION:**

January 8 – March 30, 2007

Hospital Emergency Management	___	EPPH 505	CRN: 25081	\$800.00
Epidemics & Emerging Diseases	___	EPPH 506	CRN: 25082	\$800.00

**\*\* Please add a late fee of \$25.00 per course for registrations received after March 29, 2007.**

Check # \_\_\_\_\_ Check made payable to CSUMB-EE for \$ \_\_\_\_\_

Credit Card (please circle): Visa ~ MasterCard ~ Discover ~ American Express

I hereby authorize CSUMB-EE to charge the following amount: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder name as printed on credit card \_\_\_\_\_

Cardholder's Signature (required) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Cashier Stamp

Registration Stamp

Payment Questions? 831-582-3810