Antioch University Seattle Office of Extension and Continuing Education

WLMA Conference 2009
Credit Option Registration Form

Last Name First Name M.I. Professional Job Title

Your Personal Mailing Address City State Zip Code

( )_____ ( ) _____ ( )_____
Work Telephone Home Telephone Cell Phone

E-mail Address Birth Date or Soc. Sec. Number

Your School District City State

Number of quarter-system continuing education credits for which you are registering:

- □ One ($70)
- □ Two ($140)

Payment in full is due at time of registration. Payment method (check one):

- □ Check (made payable to Antioch University Seattle)
- □ Credit card: we accept **VISA** and **MasterCard**

Account Number Expiration Date

Name exactly as it appears on card

Signature Date

If address associated with card is different than that listed above, please provide account address:

Please note: All assignments will be due no later than October 31, 2009 (no late work will be accepted) and should be sent directly to your Antioch instructor, Sarah Applegate: sarcmc@comcast.net
Once Sarah has confirmed that you have successfully completed the required assignments, your credit will be recorded in the continuing education database. If you need to order a transcript documenting these credits, please download the transcript request form from our website: http://www.antiochseattle.edu/ce/transcripts.html
If you have questions regarding your credit registration, contact the OECE office: 206-268-4111.