

Registration Form

Course Title _____ Dates _____ Fee _____

Total Cost _____ \$ _____

Name _____

Home address _____ City _____ State & Zip _____

Employer _____

Work address _____ City _____ State & Zip _____

Home phone _____ Work phone _____

E-mail _____ Fax _____

Preferred address Home Work

Gift Certificate

Amount \$ _____ Recipient's name _____

Send to, if different than address above:

Address _____ City _____ State & Zip _____

Are you taking this course as part of a certificate program? If so, which:

How did you find out about this course?

(Check all that apply)

Advertisement/Insert Received catalog in mail

Word of mouth Search engine

Employer USM Web site

Please Send Me:

Health & Human Services Catalog

Enrichment Catalog

Business & Management Catalog

Evenings at Abromson Information

Please send occasional e-mails with course or program announcements: Yes No

Method of Payment

Check payable to USM

Purchase Order Number _____

Credit Card # _____

Visa MasterCard Discover Exp. Date _____ 3 Digit Security Code _____

Signature _____

How to Register

By web www.usm.maine.edu/cce

By mail USMCCE
PO Box 9300
Portland, ME 04104-9300

By phone (207) 780-5900

Toll-free 1-800-787-0468

TTY (207) 780-5646

Fax (207) 780-5954

In person Joel & Linda Abromson
Community Education Center
88 Bedford Street
USM Portland Campus
M-F 8 a.m.–4:30 p.m.

Please note, we accept Visa, MC, Discover, or company P.O. However, online registration is only available with a Visa/MC, and we cannot apply discounts on the Internet.

Employer-paid registrations must be accompanied by a check, purchase order, or letter of authorization.

The nonprofit discount must be requested at the time of registration.

