



**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*

Winter 2007 ~ Term 2: January 8 – March 30, 2007

**Registration Deadline: January 2, 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

|                                    |     |                 |                   |                 |
|------------------------------------|-----|-----------------|-------------------|-----------------|
| <b>Weapons of Mass Destruction</b> | ___ | <b>EPPH 503</b> | <b>CRN: 15051</b> | <b>\$800.00</b> |
| <b>Mass Casualties &amp; Surge</b> | ___ | <b>EPPH 504</b> | <b>CRN: 15052</b> | <b>\$800.00</b> |

**\*\* Please add a late fee of \$25.00 per course for registrations received after January 2, 2007.**

**NOTE: CSUMB CAMPUS WILL BE CLOSED FOR THE HOLIDAYS FROM DECEMBER 25, 2006 – JANUARY 1, 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