



THE UNIVERSITY
OF ARIZONA.
Outreach College

CONTINUING EDUCATION PARTICIPANT FORM

CEU PROGRAM: The Science of Consciousness Conference

FILE NUMBER: 1863

DATE OF PROGRAM: April 25 – 30, 2016

LOCATON OF WORKSHOP OR CONFERENCE: Tucson, Arizona
PLEASE PRINT OR TYPE INFORMATION

STUDENT INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

Credit Card Payment: \$25.00 participant fee

____ VISA ____ MasterCard ____ American Express

Account Number: _____

Expiration Date: _____ **Security Code:#** _____ **Billing Zip Code:** _____

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Please make check payment payable to: The University of Arizona.

PLEASE return this form and the \$25 participant fee to:

University of Arizona Outreach College

Attn: Student Services

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Tucson, AZ 85721

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