



# The Center for Advanced Engineering & Research

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www.caer.us

## Professional Development Course Registration and Information Sheet

Course Title: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person if other than participant: \_\_\_\_\_

Contact Phone Number if different than participant: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H)

E-Mail: \_\_\_\_\_ Type: \_\_\_ Personal \_\_\_ Work

Method of Payment: \_\_\_\_\_ Invoice \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Course Fees: \_\_\_\_\_

### AGREEMENT

I agree to participate and remit the per pre-determined course fees listed above.

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

### FOR CAER OFFICE USE ONLY

Fee Received Date: \_\_\_\_\_ Registration Confirmation E-Mail Sent: \_\_\_\_\_ Invoiced: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Recorded: \_\_\_\_\_ Receipt Generated: \_\_\_\_\_