

Registration Form: Ireland

January 8 - 20, 2003

Print this form and mail or fax to:

Pauline Nuhring, Program Associate
UMD Continuing Education
104 Darland Admin. Bldg
1049 University Drive
Duluth, MN 55812
Fax: 218/726-6925

Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____

Birthdate _____

Social Security Number _____

Email _____

Roommate request _____

Program Fee \$3095

- I enclose a \$500 non-refundable deposit, and agree to pay the balance by November 1, 2002. (Make checks payable to the University of Minnesota Duluth or fill in credit card information below)
- I'd like the single supplement for an additional fee of \$295
- Please bill my credit card
Circle one: *Deposit only* *Entire balance*
 Visa Master Card Discover/Novus

Credit Card Number _____

Expiration Date _____

Signature _____

- I would like to receive academic credit. I understand I must consult with the instructor and complete applicable coursework. I understand I will be billed by Student Accounts Receivable for tuition according to its regular billing schedule.
 - I choose Eng 5591 section 221 for **undergraduate** credit
Circle one: 1 credit 2 credits
 - I choose Eng 5591 section 221 for **graduate** credit
Circle one: 1 credit 2 credits