

Mail-In, Fax-In Registration Form CCCE

Course Title: _____

Date: _____

Amount \$ _____ Check # _____ Credit Card

Made out to: *Bastyr University*

Name: _____

Title: ND, DC, LMP, LAc, MD, OD, Other: _____ Alumni

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ eMail: _____

How did hear about this class? _____

Credit Card

Your name as it appears on the Credit Card: _____

Master Card/Visa/Discover/American Express #: _____

Expiration Date: _____ CVC: _____ Order Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Checks made out to: *Bastyr University*

Mail to: Bastyr University Continuing Education Department
14500 Juanita Dr NE Kenmore, WA 98028

OR

Fax to: Continuing Education @ 425-602-3268