

Accounting

Registrar

Date Received / /



First Name

Last Name

Organization/School Name/ School District

Address

City

State

Zipcode

Phone

Email Address

How did you learn of this course?

- Using Data Website
- Using Data Workshop
- Other (please specify) \_\_\_\_\_
- Colleague
- Advertisement

**To submit registration form:**

Mail: TERC  
ATTN: UD REGISTRAR  
2067 Massachusetts Ave  
Cambridge, MA 02140

Questions?  
Please email us at [UDonline@terc.edu](mailto:UDonline@terc.edu)

Method of Payment for Class Fee of \$750.00

- Check Enclosed (Make check payable to TERC)
- Purchase Order # \_\_\_\_\_
- Mastercard/Visa      Expiration Date: / /
- \_\_\_\_\_
- Account Number
- \_\_\_\_\_
- Authorization Signature

**Graduate Credit**  
(additional fees apply)

- Yes
- No

**Please submit separate form  
and fee for graduate credit.**