

USU Summer Citizens Program Registration Form

Please fill out one form per person. **DO NOT** combine partners on one form. For additional forms or to register by phone call 800-538-2663. REGISTRATION BEGINS FEBRUARY 2, 2009

Personal Information

Name _____ Social Security or A Number: _____
 Permanent Address: _____
 City: _____ State: _____ Zip: _____
 Permanent Phone: _____ Email: _____
 Logan Address: _____
 Logan Phone: _____
 Birthday (Required) _____ Sex (Optional) _____ Marital Status (Optional) _____ U.S. Citizen (Optional) _____
 Signature _____ (Signature implies correct information above)

BOX #1 – SUMMER CITIZENS CARD REGISTRATION (Please order one card per registration form)

Summer Citizens Card	Before May 1st	After May 1st	Total
<input type="checkbox"/> 1 st Summer Citizens Card	\$75	\$85	\$ _____
<input type="checkbox"/> 2 nd Card – Same Household	\$65	\$75	\$ _____

BOX #2 – COURSE REGISTRATION

The Summer Citizens Card is required to register for courses.

Course Number	Course Title	Cost
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
GRAND TOTAL:		

Additional courses may be taken. Copy form or call 800-538-2663 for an additional form.

FIVE EASY WAYS TO REGISTER

1. Register Online with our safe and convenient forms at <http://summercitizens.usu.edu>
 2. Complete the registration form and mail with full payment to:
 USU Summer Citizens Program Registration
 5005 Old Main Hill
 Logan, UT 84322-5005
 3. Fax this registration form to 435-797-0636
 4. Call 800-538-2663 to register over the phone
 5. Register in-person at the Eccles Conference Center room 103
 Confirmations will be mailed for all registrations received prior to May 1st.
 Registration must be completed at least one week prior to the start of the course.
- Reasonable accommodation is available for persons with disabilities.
 Please check here for additional information. Fifteen (15) working days notice is required to prepare materials and services.
Cancellation Policy: Those withdrawing from a course prior to the first scheduled class will receive a full refund, less a \$10/class processing fee. Those withdrawing on or after the first day will receive no refund.

TOTAL AMOUNT DUE

Box #1	Total \$ _____
Box #2	Total \$ _____
GRAND TOTAL	\$ _____

METHOD OF PAYMENT:

Check Payable to Utah State University
 Credit Card Visa MasterCard AMEX Disc
 Credit Card Number _____
 Expiration Date _____
 Signature _____
 I have read and understand the cancellation policy.
 (please sign) _____

FOR OFFICE USE ONLY Batch Date _____ Invoice No. _____ Initials Participant No. _____ Cancel Date _____ Date Pmt. Rec'd. _____
 Order No. _____ Check Business# _____ Personal# _____ Confirmation Sent _____ Cash MC Disc Visa AMEX