

Information Technology Registration Form

You are enrolled upon receipt of your registration form and fee. Please pay by check, money order, credit card or cash (**cash accepted in person at Bursar's office only**). **No confirmation will be sent to you.** Call or email Marlene confirm registration(s) and for directions. **You will be notified only if we cancel a course.** Full refunds will be given for courses cancelled by SPD only.

Make check payable to: Stony Brook University IFR 910334. Once payment is processed, there is a \$35 cancellation fee.

Send registration form (**keep a copy for your records**) with payment to:
 School of Professional Development IT Programs
 Social and Behavioral Sciences Bldg., Rm. N249
 Stony Brook, New York 11794-4314
 Phone: 631.632.7068 • Fax: 631.632.5794 • Email: Marlene.Brennan@stonybrook.edu
NOTE: Registration accepted up to five business days before the first class. After that, call for space availability.

Name: _____

Last 4 Digits of SS# _____ or Stony Brook ID # _____

Address: _____ City/State/Zip _____

Daytime Phone # _____ Evening Phone # _____

Certificate Program (if applicable): _____

Email address: _____

Please Complete

COURSE #	COURSE NAME	TIME	START/END DATES	FEE

Registration Fee: _____ **\$20**

Must include \$10 Registration Fee **TOTAL:** _____

To pay with one of the following credit cards: MasterCard, Visa, Discover card or American Express, you MUST complete the credit card Authorization Form.

****NOTE TO BURSAR****

DEPOSIT INTO IFR 910334 AND RETURN THIS FORM WITH RECEIPT TO: SPD Zip 4314
KEEP THE AUTHORIZATION FORM FOR YOUR RECORDS.

School of Professional Development
Stony Brook University
SBS N-249
Stony Brook, NY 11794-4314

CREDIT CARD AUTHORIZATION FOR IFR 910334
(Must be accompanied by a registration form)

Student Name: _____

Address: _____

City/State/Zip: _____

Last 4 digits SS#: _____

Or Stony Brook ID# _____

Check One:

American Express _____

Discover _____

Master Card _____

VISA _____

Payment Information:

Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Authorized Amount: \$ _____

Card Holder's Name: _____

Card Holder's Signature _____

****NOTE TO BURSAR: Deposit into IFR 910334 and return registration form with receipt to Marlene Brennan at zip = 4314. KEEP THE CREDIT CARD AUTHORIZATION FORM FOR YOUR RECORDS.**