



**LOUISIANA TECH UNIVERSITY
DIVISION OF CONTINUING EDUCATION**

NAME _____
ADDRESS _____

DATE _____
PHONE - HOME _____
WORK _____

EMAIL _____

PARKING PERMIT NEEDED? YES NO
IF YES, LICENSE PLATE NUMBER _____

NO REGISTRATION IS COMPLETE UNTIL CLASS FEE IS PAID IN FULL !!!

COURSE	DATE(S)	FEE

PAYMENT METHOD:

CHECK # _____ IF PAYING BY CHECK, PLEASE SEND SEPARATE CHECKS FOR EACH CLASS

MONEY ORDER # _____ for \$ _____

2% SERVICE CHARGE ON CREDIT CARD PAYMENT

CREDIT CARD
MASTERCARD _____
VISA _____
DISCOVER _____

CARD # _____

EXP. DATE _____

INTRACAMPUS REQUISITION # _____

CARD HOLDER SIGNATURE _____

RETURN PAYMENT AND REGISTRATION FORM TO THE CONTINUING EDUCATION OFFICE, DAVISON HALL 110,
CAMPUS BOX #46

MAIL TO: DIVISION OF CONTINUING EDUCATION
PO BOX 3182
RUSTON, LA 71272

FAX: COMPLETED FORM WITH
CREDIT CARD NUMBER AND EXPIRATION
DATE TO (318) 257-3194

—————FOR MORE INFORMATION, CALL (318) 257-4433—————