



University of Houston
College of Technology

Registration Form

Student Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Payment Information

I plan to pay in the form of:
___ money order ___ check ___ credit card ___.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Workshop Information

I would like to register for:

Workshop:
Date:

Please make checks payable and mail to:

University of Houston
4800 Calhoun Rd.
304A Technology
Houston, TX 77204