



**REGISTRATION FORM/GROUP INVOICE**

**COURSE**

Course/Program Title:	Course Section No:
Location:	Class Date:

(Click and type to fill out form, then print, sign and fax)  
**THIS FORM MUST BE TYPED**

**AUTHORIZATION AND CONTACT PERSON**

<b>Agency:</b>			
<b>Contact Name/Title:</b>			
<b>Business Mailing Address:</b>			
<b>City:</b>	<b>State: GA</b>	<b>Zip Code:</b>	
<b>E-mail Address:</b>			
<b>Contact Number:</b>		<b>Fax Number:</b>	

Authorizing Person's Name: \_\_\_\_\_

Authorizing Signature\* \_\_\_\_\_

*\*Signature commits agency to payment for training according to terms and policies.*

**PARTICIPANTS**

**Please provide participant information on the following page(s).**

**METHOD OF PAYMENT**

<b>Number of Participants:</b>	<b>Fee Per Participant:</b>	<b>Total Agency Fee: \$0.00</b>
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Check made payable to: **The University of Georgia** (Checks only accepted)

Bill us: P.O. Number \_\_\_\_\_

Mail or fax this form to:  
The University of Georgia  
Carl Vinson Institute of Government  
Attn: GTED Registrar  
201 North Milledge Avenue  
Athens, GA 30602-5482  
Fax: 706/542-9856

Thank you for choosing to meet your training and development needs. In order for us to process this registration form, all requested information must be provided.



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<b>Course/Program Title:</b>	<b>Course Section No</b>
<b>Location:</b>	<b>Class Date:</b>

Participant's Name	Participant's Mailing Address for Confirmation Letter	Participant's E-mail Address	Participant's Work Number
1.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
2.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
3.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
4.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
5.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
6.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
7.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
8.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
9.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
10.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
11.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
12.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
13.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		
14.			-- --
	<b>City:</b> <b>State:</b> GA <b>Zip:</b>		

**Important Note:** Please add the total number of participants to the first page of this registration form.



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<b>Location:</b>	<b>Class Date:</b>

Participant's Name	Participant's Mailing Address for Confirmation Letter	Participant's E-mail Address	Participant's Work Number
15.	City: State: GA Zip:		-- --
16.	City: State: GA Zip:		-- --
17.	City: State: GA Zip:		-- --
18.	City: State: GA Zip:		-- --
19.	City: State: GA Zip:		-- --
20.	City: State: GA Zip:		-- --
21.	City: State: GA Zip:		-- --
22.	City: State: GA Zip:		-- --
23.	City: State: GA Zip:		-- --
24.	City: State: GA Zip:		-- --
25.	City: State: GA Zip:		-- --
26.	City: State: GA Zip:		-- --
27.	City: State: GA Zip:		-- --
28.	City: State: GA Zip:		-- --

**Important Note: Please add the total number of participants to the first page of this registration form.**