



**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**

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

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**

Number of Participants:	Fee Per Participant:	Total Agency Fee: \$0.00
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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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Participant's Name	Participant's Mailing Address for Confirmation Letter	Participant's E-mail Address	Participant's Work Number
1.	City: State: GA Zip:		-- --
2.	City: State: GA Zip:		-- --
3.	City: State: GA Zip:		-- --
4.	City: State: GA Zip:		-- --
5.	City: State: GA Zip:		-- --
6.	City: State: GA Zip:		-- --
7.	City: State: GA Zip:		-- --
8.	City: State: GA Zip:		-- --
9.	City: State: GA Zip:		-- --
10.	City: State: GA Zip:		-- --
11.	City: State: GA Zip:		-- --
12.	City: State: GA Zip:		-- --
13.	City: State: GA Zip:		-- --
14.	City: State: GA Zip:		-- --

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



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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.**