


**ADDRESS, TELEPHONE, and FAX NUMBERS:**

TO: The University of Kansas      Phone: 785-864-5823  
 Aerospace Short Course Program      or toll-free in the United States  
 Continuing Education      877-404-5823  
 1515 St. Andrews Drive      Fax: 785-864-4871  
 Lawrence, KS 66047-1625      E-mail: kuce@ku.edu  
 USA      Web: www.ContinuingEd.ku.edu/aero

*For your protection in case of course cancellation, preregistration is required.*

I cannot attend this year, but please add me to your mailing list.

**Special Accommodation**

 If you will need special accommodation, please mark the box above, and you will be contacted personally by a member of the aerospace short course program staff.

Please register me for the following course(s):

Course Name	Course Number	Dates	Location
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**My priority code:**

*This code is located above your name on the mailing panel below.*

**(If your mailing address requires a different format than indicated here, please use that format, ignoring the printed guidelines.)**

First name, middle initial _____	Last name or surname _____	Telephone number _____
Position _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Fax number _____
Company or organization _____		E-mail address _____
Mail stop, building or room number (if needed) _____		How did you first hear about our short courses?
Street address or post office box _____	<input type="checkbox"/> home <input type="checkbox"/> work	<input type="checkbox"/> Referral <input type="checkbox"/> KU brochure <input type="checkbox"/> Magazine ad
City, state or province _____	Zip+four or postal code _____	<input type="checkbox"/> Web site <input type="checkbox"/> E-mail <input type="checkbox"/> Article or listing
Country _____		Preferred Means of Communication: Please continue to send information by (check all that apply):
		<input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
		<input type="checkbox"/> Please remove my name from the mailing list.

**Payment enclosed:**

Check payable in U.S. dollars to: **University of Kansas**     Credit Card

**Bill company:** If purchase order number is required on invoice, please provide it. Please bring a copy of purchase order or letter of authorization to check-in on the first day of the course. PO# \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

Charge credit card company _____
for \$ _____
Card # _____
Expiration Date _____
Name on card (print) _____
Cardholder's Phone Number _____