

ADDRESS, TELEPHONE, and FAX NUMBERS:

TO: The University of Kansas
Aerospace Short Course Program
Continuing Education
1515 St. Andrews Drive
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USA

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(keyword: 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

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 _____