



EMORY DEPARTMENTAL REGISTRATION FORM

PLEASE PRINT

Name _____

Department _____

Campus Address _____

Work Phone _____

Fax _____

Email _____

COURSES

Title _____ Tuition \$ _____

Date _____ Time _____

Title _____ Tuition \$ _____

Date _____ Time _____

Title _____ Tuition \$ _____

Date _____ Time _____

Total \$ _____

PAYMENT

Emory P-Card Number _____

Expires _____

Or

Emory FAS Account Number ____ - ____ - ____ - 6600

Authorizing Supervisor (Please Print) _____

Authorizing Signature _____

Fax completed form to 404.727.6001, or call 404.727.6000 to register by phone.

Internet registration available for P-Card Payments only at www.cll.emory.edu.