

On-Site Registration Form**Support for Renewal of National Board Certification 2011 - 2012**

Please complete this form and return it to UW Educational Outreach, Registration Services, PO Box 45010, Seattle, WA 98145-0010.

Please check one. Male Female

Name (last) (first) (middle) Former name, if applicable

Address City State ZIP code

Social Security number (required*)

Date of Birth (required*)

* Social Security Number and Date of Birth: For purposes of the new Hope and Lifetime Learning tax credits, federal law (section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security number.

Work telephone number

Home telephone number

Cellular phone number

Email address

Please check: Yes No I am active military or a military veteran. I will seek reimbursement from the GI Benefits Office.

To request disability accommodations, contact UW Disability Services Office at 206-543-6450 (Voice), 206-543-6452 (TDD), or email at dso@u.washington.edu to arrange an intake appointment.

Select from the options below.

reg# 116283 Support for Renewal of National Board Certification—noncredit option—no clock hours \$ 195
Registration Fee (required for all) \$ 39

Total \$ 234

All credit registrants complete this section:

Will you be enrolled as a matriculated student? yes no Will you be enrolled as a graduate student? yes no

Have you ever enrolled for credit courses at UW? yes no

If yes, what is your UW student number? _____ Are you currently on drop status for low scholarship? yes no

Return this form in one of these ways:

Mail to: UW Educational Outreach
Registration Services
PO Box 45010
Seattle, WA 98145-0010

Phone: 206-897-8939

Fax to: 206-685-9359

Email: uweoreg@pce.uw.edu

Method of Payment

- Third party payer—separate document (purchase order or letter of authorization) must accompany this registration form
- Check payable to the University of Washington
- VISA MasterCard

Credit card number Expiration date

Name as it appears on the card (Please print clearly) Card holder phone number

Credit card billing address

Signature

Please attach check here.