

**Student Registration Form
Aging and Long Term Workshop
Saturday, October 27th, 2007**

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

**Graduate Student Fee:
10 hour Workshop**

Before 10/18 \$60.00 { }
After 10/18 \$70.00 { }
Includes Box Lunch

Payments can be faxed, mailed, or called in.

Faxed payments:

Print out this form and fax to (831) 438-2308

Credit Card Payments:

Check One: Visa Master Card

Card# _____ **Exp. Date** _____ **Amount** _____

Name (as it appears on card): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Mail Payments to:

Bethany University
Psychology Department
800 Bethany Drive
Scotts Valley, CA 95066

Or Call: (831) 430-3960